

RESOLUTION AUTHORIZING THE POSTING OF UNUSED OR OBSOLETE EQUIPMENT ON THE COUNTY'S WEBSITE FOR PUBLIC SALE, ACDES, SEWA

WHEREAS, Doug Starkey, Director of ACDES, has sent the following unused or obsolete equipment to this Board requesting to post on the online auction:

ACDES:

Description:

60 KW Generac generator, sewer department, poor condition, 480-volt generator with a blown head gasket. Serial number 2041913 model # 98A 02847-S, removed from service 2019. Auction starting bid \$1.00, if sold deposit into fund 6001.001.150-436 less cost of disposal.

60 KW Generac generator, sewer department, poor condition, 480-volt generator with a blown head gasket. Serial number 2041914 model # 98A 02848-S, removed from service 2022. Auction starting bid \$1.00, if sold deposit into fund 6001.001.150-436 less cost of disposal.

WHEREAS, in accordance with Ohio Revised Code 307.12, the equipment is declared obsolete and authorized to be placed on the County's online auction for sale; now

NOW, THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio, that the equipment is to be posted on the County website for Public Sale with all proceeds to be deposited into the Fund Numbers outlined above, less cost of disposal.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2023-285

May 16, 2023

**RESOLUTION AUTHORIZING THE POSTING OF UNUSED OR OBSOLETE
EQUIPMENT ON THE COUNTY'S WEBSITE FOR PUBLIC SALE, ACDES, SEWA**

Upon the motion of J.P. Ducro IV, seconded by Casey R. Kozlowski.

VOTE:

Casey R. Kozlowski
Kathryn L. Whittington
J.P. Ducro IV

Aye
Absent
Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

Exhibit C

Asset Disposal Request

When requesting items to be declared obsolete complete this form. Once completed email to Commissioners@ashtabulacounty.us along with any inspection forms.

Please do not scan, save and email.

Department: _____

Department Head: _____

Contact Person: _____

Contact Phone Number: _____

I am requesting the following obsolete items to either be declared no value and disposed of **OR** to be declared obsolete and auctioned:

| Item | Inventory No. | Description | Condition | Auction | Starting Bid | No Value |
|------|---------------|-------------|-----------|---------|--------------|----------|
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Funds to be deposited into fund number: _____

Once the Commissioner have declared the vehicle obsolete by Resolution you will be contacted.

Coffee Creek WWTP
Vehicle Inspection Form

| | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|---------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| Inventory ID: | Asset Number: | Fair Market Value: | | | | | | | | | | | | | | | | | | |
| Short Description: Year _____ Make <u>60 kW Generator</u> Model <u>Generac</u> | | | | | | | | | | | | | | | | | | | | |
| VIN: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | 2 | 0 | 4 | 1 | 9 | 1 | 3 | | | | | | | | | | | |
| 2 | 0 | 4 | 1 | 9 | 1 | 3 | | | | | | | | | | | | | | |
| Odometer: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____ | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Long Description: | | | | | | | | | | | | | | | | | | | | |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Blown head Gasket</u> | | | | | | | | | | | | | | | | | | | | |
| This vehicle was maintained every <u>200</u> <input type="checkbox"/> Days <input checked="" type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>10/01/2019</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection | | | | | | | | | | | | | | | | | | | | |
| Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>N/A</u> | | | | | | | | | | | | | | | | | | | | |
| Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | | | | | | | | | | | | | | | | | | | |
| Exterior: Color: _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: _____ Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes | | | | | | | | | | | | | | | | | | | | |
| Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats | | | | | | | | | | | | | | | | | | | | |
| Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____ | | | | | | | | | | | | | | | | | | | | |
| Location of Asset: <u>COFFEE CREE WWTP</u> For more information contact: _____ Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes. | | | | | | | | | | | | | | | | | | | | |

eral #

Model # 98A 02847-5

rolls - 450

Haystack PS
Vehicle Inspection Form

| | | |
|---|----------------------|---------------------------|
| Inventory ID: | Asset Number: | Fair Market Value: |
| Short Description: Year _____ Make <u>60 kW Generator</u> Model <u>Generac</u> | | |
| VIN: 2 0 4 1 9 1 4 _____ Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |
| Odometer: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____ | | |
| Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input checked="" type="checkbox"/> For Parts Only Engine- Type: _____ <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Blown head Gasket</u> This vehicle was maintained every <u>200</u> <input type="checkbox"/> Days <input checked="" type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>10/02/2022</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>N/A</u> Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | |
| Exterior: Color: _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: _____ Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes | | |
| Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats | | |
| Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____ | | |
| Location of Asset: <u>HAYSTACK PS ON RT. 45</u> For more information contact: _____ Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes. | | |

Model # 98A02848-S

mile 2771480 2 phase





Sent from my iPhone







Model 9BA/02847/S
Serial 2041913

GENERAC

GENERAC CORP.

MODEL NO. 98A 02847-5 DATE 5/29/98
TYPE S6060-K367-4718CBy YY

| GROUP | DESCRIPTION | ASSEMBLY NUMBERS |
|-------|----------------|-------------------------|
| A | GENERATOR | 46342 4699A |
| B | CONTROL PANEL | 85027 00000 00000 |
| C | MOUNTING BASE | 47812 44609 37434 00000 |
| D | ENGINE & ACCY. | 45298 62070 23110 00000 |
| E | FUEL SYSTEM | 66024 67016 79952 00000 |
| F | COMPARTMENT | A3100 00000 |
| G | WIRING DIAGRAM | 44531 44592 47625 00000 |
| | | 46200 44173 45021 45024 |
| H | KITS | 65245 00000 |

WHEN ORDERING REPAIR PARTS, GIVE THE ABOVE INFORMATION

GENERAC CORP.

MODEL NO. 98A 02848 S DATE 5/29/98
TYPE SG060-K367.4N18CBYY

| GROUP | DESCRIPTION | ASSEMBLY NUMBERS |
|-------|----------------|--|
| A | GENERATOR | A4342 A4998 |
| B | CONTROL PANEL | 85027 00000 00000 |
| C | MOUNTING BASE | A2832 A4608 87434 00000 |
| D | ENGINE & ACCY. | A5298 62070 83110 00000 |
| E | FUEL SYSTEM | 66024 67016 78452 00000 |
| F | COMPARTMENT | A3100 00000 |
| G | WIRING DIAGRAM | A4591 A4592 87625 00000 86206 86173 85023 85024 |
| H | KITS | 66245 00000 |

WHEN ORDERING REPAIR PARTS, GIVE THE ABOVE INFORMATION