

**LOUDOON COUNTY GOVERNMENT
SURPLUS PROPERTY AUTHORITY MEETING
County Office Building
April 15, 2019
4:30 PM**

MEMBERS

Matthew Tinker, Commissioner & Chair
Buddy Bradshaw, Mayor
Kelly Brewster, Commissioner
Van Shaver, Commissioner
Adam Waller, Commissioner
Susan Huskey, Procurement Director

Agenda

1. The Purchasing Office has received the following items as surplus:
 - 1990 Mack Dump Truck – Hours 2957 - Mileage 225,920
Vin #2M2P198C9LC007178
 - 1990 Mack Dump Truck – Hours 2435 - Mileage 196,063
Vin # 2M2P198C7LC007177
 - 2004 Freightliner Dump Truck – Hours unknown - Mileage 58,000 –
Vin #1FVACYAK44HM56184
 - 14 Tellico Village parcels per attached list.
2. Any other business

GovDeals Vehicle Inspection Form

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|---|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Inventory ID: <u>216</u> | Asset Number: | Fair Market Value: <u>10-15k</u> | | | | | | | | | | | | | | | | | |
| Short Description: Year <u>1990</u> Make <u>Mack</u> Model <u>Dumptrucks</u> | | <u>RD690S</u> | | | | | | | | | | | | | | | | | |
| VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>M</td><td>2</td><td>P</td><td>1</td><td>9</td><td>8</td><td>C</td><td>9</td><td>L</td><td>C</td><td>0</td><td>0</td><td>7</td><td>1</td><td>7</td><td>8</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | 2 | M | 2 | P | 1 | 9 | 8 | C | 9 | L | C | 0 | 0 | 7 | 1 | 7 | 8 | |
| 2 | M | 2 | P | 1 | 9 | 8 | C | 9 | L | C | 0 | 0 | 7 | 1 | 7 | 8 | | | |
| Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>2</td><td>2</td><td>5</td><td>9</td><td>2</td><td>0</td></tr> </table> <u>2957 Hrs</u> <input type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: | | 2 | 2 | 5 | 9 | 2 | 0 | | | | | | | | | | | | |
| 2 | 2 | 5 | 9 | 2 | 0 | | | | | | | | | | | | | | |
| Long Description: | | | | | | | | | | | | | | | | | | | |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only | | | | | | | | | | | | | | | | | | | |
| Engine- Type: <input type="checkbox"/> L, V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid | | | | | | | | | | | | | | | | | | | |
| Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in unknown condition | | | | | | | | | | | | | | | | | | | |
| Repairs needed: _____ | | | | | | | | | | | | | | | | | | | |
| This vehicle was maintained every <u>180</u> <input checked="" type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles | | | | | | | | | | | | | | | | | | | |
| Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection | | | | | | | | | | | | | | | | | | | |
| Transmission: <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition | | | | | | | | | | | | | | | | | | | |
| Repairs Needed: _____ | | | | | | | | | | | | | | | | | | | |
| Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | | | | | | | | | | | | | | | | | | |
| Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ | | | | | | | | | | | | | | | | | | | |
| Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____ | | | | | | | | | | | | | | | | | | | |
| Major Damage to: _____ | | | | | | | | | | | | | | | | | | | |
| Additional Damage: _____ | | | | | | | | | | | | | | | | | | | |
| Decals: <input type="checkbox"/> None <input checked="" 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 checked="" 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 <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather | | | | | | | | | | | | | | | | | | | |
| Damage to Seats: <u>yes</u> | | | | | | | | | | | | | | | | | | | |
| Damage to Dash/Floor: <u>No</u> | | | | | | | | | | | | | | | | | | | |
| Radio: <input checked="" 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 checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" 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: <u>Rogers Dump body</u> | | | | | | | | | | | | | | | | | | | |
| 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: _____ | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |

GovDeals Vehicle Inspection Form

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|--|---------------|----------------------------------|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|
| Inventory ID: <u>215</u> | Asset Number: | Fair Market Value: <u>10-15k</u> | | | | | | | | | | | | | | | | | |
| Short Description: Year <u>1990</u> Make <u>Mack</u> Model <u>Dump Truck</u> <u>2D6905</u> | | | | | | | | | | | | | | | | | | | |
| VIN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>M</td><td>2</td><td>P</td><td>1</td><td>9</td><td>8</td><td>C</td><td>7</td><td>L</td><td>C</td><td>0</td><td>0</td><td>7</td><td>1</td><td>7</td><td>7</td></tr></table> | | 2 | M | 2 | P | 1 | 9 | 8 | C | 7 | L | C | 0 | 0 | 7 | 1 | 7 | 7 | Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2 | M | 2 | P | 1 | 9 | 8 | C | 7 | L | C | 0 | 0 | 7 | 1 | 7 | 7 | | | |
| Odometer: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>9</td><td>6</td><td>0</td><td>6</td><td>3</td></tr></table> <u>2435 mi</u> | | 1 | 9 | 6 | 0 | 6 | 3 | <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | | | | |
| 1 | 9 | 6 | 0 | 6 | 3 | | | | | | | | | | | | | | |
| Long Description: | | | | | | | | | | | | | | | | | | | |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only | | | | | | | | | | | | | | | | | | | |
| Engine- Type: <u> </u> L, V <u> </u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid | | | | | | | | | | | | | | | | | | | |
| Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition | | | | | | | | | | | | | | | | | | | |
| Repairs needed: _____ | | | | | | | | | | | | | | | | | | | |
| This vehicle was maintained every <u>180</u> <input checked="" type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles | | | | | | | | | | | | | | | | | | | |
| Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection | | | | | | | | | | | | | | | | | | | |
| Transmission: <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition | | | | | | | | | | | | | | | | | | | |
| Repairs Needed: _____ | | | | | | | | | | | | | | | | | | | |
| Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | | | | | | | | | | | | | | | | | | |
| Exterior: Color: <u>white</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ | | | | | | | | | | | | | | | | | | | |
| Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____ | | | | | | | | | | | | | | | | | | | |
| Major Damage to: _____ | | | | | | | | | | | | | | | | | | | |
| Additional Damage: _____ | | | | | | | | | | | | | | | | | | | |
| Decals: <input type="checkbox"/> None <input checked="" 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 checked="" 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 <u>Black</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather | | | | | | | | | | | | | | | | | | | |
| Damage to Seats: <u>yes</u> | | | | | | | | | | | | | | | | | | | |
| Damage to Dash/Floor: <u>no</u> | | | | | | | | | | | | | | | | | | | |
| Radio: <input checked="" 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 checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" 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 checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats | | | | | | | | | | | | | | | | | | | |
| Additional Equipment: <u>Rogers dump body</u> | | | | | | | | | | | | | | | | | | | |
| 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: _____ | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |

GovDeals Vehicle Inspection Form

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|--|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inventory ID: <u>903</u> | Asset Number: | Fair Market Value: \$10,000 <u>\$5,000</u> | | | | | | | | | | | | | | | | | |
| Short Description: Year <u>2004</u> Make <u>Freightliner</u> Model <u>M2 Class / Single Axle Dump</u> | | | | | | | | | | | | | | | | | | | |
| VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>F</td><td>V</td><td>A</td><td>C</td><td>Y</td><td>A</td><td>K</td><td>4</td><td>4</td><td>H</td><td>M</td><td>5</td><td>6</td><td>1</td><td>8</td><td>4</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | 1 | F | V | A | C | Y | A | K | 4 | 4 | H | M | 5 | 6 | 1 | 8 | 4 |
| 1 | F | V | A | C | Y | A | K | 4 | 4 | H | M | 5 | 6 | 1 | 8 | 4 | | | |
| Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>5</td><td>8</td><td>0</td><td>0</td><td>0</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____ | | | 5 | 8 | 0 | 0 | 0 | | | | | | | | | | | | |
| 5 | 8 | 0 | 0 | 0 | | | | | | | | | | | | | | | |
| Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>Cat</u> L, V _____ <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every <u>180</u> <input checked="" type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: <u>in service</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual <u>10</u> Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ | | | | | | | | | | | | | | | | | | | |
| Exterior: Color: <u>white</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: <u>front right (rear part) fender busted, bed has rust from salt, front bumper cr</u> Decals: <input type="checkbox"/> None <input checked="" 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 <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>Driver seat torn</u> Damage to Dash/Floor: <u>None</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" 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: _____ 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. | | | | | | | | | | | | | | | | | | | |

| LOUDON COUNTY SURPLUS 2019 | PARCEL NUMBER | BOOK | PAGE |
|---|---------------|------|------|
| 222 MIALAQUO COVES BLOCK 4 LOT 12 | 068N-C-024.00 | 398 | 788 |
| WATKINS ROAD TOQUA COVES BLOCK 19 LOT 26 | 058J-A-002.00 | 398 | 788 |
| 117 INOLA PLACE TANASI SHORES BLOCK 17 LOT 14 | 050E-A-011.00 | 398 | 788 |
| 104 INOLA PLACE TANASI SHORES BLOCK 17 LOT 3 | 050E-A-022.00 | 398 | 788 |
| 126 INATA CIRCLE TOQUA SHORES BLOCK 22 LOT 16 | 059I-C-016.00 | 398 | 788 |
| 201 MIALAQUO CIRCLE MIALAQUO COVES BLOCK 4 LOT 35 | 068N-C-001.00 | 398 | 788 |
| 183 NOYA WAY MIALAQUO POINT BLOCK 4 LOT 23 | 077D-C-002.00 | 398 | 788 |
| 174 KAWGA WAY CHOTA HILLS BLOCK 6 LOT 7 | 058D-D-007.00 | 398 | 788 |
| 301 OKMULGEE CIRCLE TANASI POINT BLOCK 2 LOT 2 | 043I-A-027.00 | 398 | 788 |
| 145 OOTSIMA WAY CHOTA HILLS BLOCK 4 LOT 2 | 058D-A-002.00 | 398 | 788 |
| 362 CHEESTANA WAY TOQUA SHORES BLOCK 15 LOT 54 | 059I-A-007.00 | 398 | 788 |
| 202 TALAH LANE TOQUA GREENS BLOCK 8 LOT 6 | 058M-K-027.00 | 410 | 575 |
| 101 ALICHANOSKA LANA CHOTA HILLS BLOCK 8 LOT 25 | 050M-C-025.00 | 398 | 788 |
| 211 ERIK LANE TANASI SHORE BLOCK 18 LOT 18 | 050D-K-007.00 | 398 | 788 |