Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Work Order
Change Order

Doc Type: Amendment/Change Order

Change Order Information

Master Contract ID: 63189
Contract ID/Shell No.: Shell #73951 *(if applicable)*

MPCA Contractor name: Carlson McCain, Inc.
Change Order No: CO #1

Contractor's Project Manager: Chris Loch
Phone: 952-346-3913

MPCA's Project Manager: Ms. Kathryn Serier
Phone: 651-231-6043

Funding information: R32G200PRP
Purchase Order No.: 3000009814

Project/Site name: Former Food & Fuel
Job code/Leak number: R32PJXLS0018925 *(if applicable)*

The revised work plan, budget detail sheet, and/or schedule must be attached to this form. The revisions should be shown in strikeout and underline. Change Orders cannot exceed 10% of the original Contract dollar amount and cannot exceed $50,000.

Contingency Use

Initial contingency or remaining contingency amount:	$0.00
Select one and input costs:	
☐ State Contractor ☐ Subcontractor ☐ PCA Contractor	
Contractor labor:	
Contractor equipment/expenses:	
Total this change order:	$0.00
Amount remaining in contingency:	
Fund after this change order:	$0.00

Explanation: No contingency use

Task Change - No Contingency Use

Explanation: Because of the abandoned nature of the Site and all the recent snow accumulation, snow removal is necessary to access and conduct soil/vapor boring adnvancement. An additional amount of $300.24 is requested by Thein Well Company (drilling subcontractor) for additional staff to conduct snow removal prior to and during soil boring advancement activities. This includes costs to operate a skid-steer mounted with a bucket to remove snow. Carlson McCain removed $300.24 from the LSI Report Preparation (Task #2) by adding time for a lower staff rate to complete the report and added the $300.24 to cover the amended Thein Well SCOF total costs. The change was completed for potential snow removal.

Verbal Authorization *(If applicable. Must be authorized in Original Contract.)*

Verbal authorization for the items listed/checked above was given by MPCA Authorized Representative or Project Manager:

Name: Ms. Kathryn Serier
Date (mm/dd/yyyy): 3/11/2014

Signatures *(The Work Order Change Order form must be signed by the MPCA Authorized Representative, or his/her delegate, and the MPCA Contractor. The signature below authorizes the Contractor to proceed with the items checked above. MPCA Contractor is responsible for obtaining signatures for 1a and/or 1b, if applicable.)*

1. MPCA Contractor name (print): Carlson McCain, Inc.
Signature:
Title: Project Manager
Date: 3/11/2014

1a. State Contractor name (print): Thein Well Co Inc. *(if applicable)*
Signature: Michael Thein
Title: Vice President.
Date: 3/11/14

2. MPCA Authorized Rep or delegate name (print): Kathryn Serier

Signature:

Title: Project Leader Date: 3/12/14

1b. Subcontractor name (print): _____ *(if applicable)*

Signature: _____

Title: _____ Date: _____

Distribution:
1. Contractor (1 original)
2. Fiscal File (1 original – Contracts Unit Purchasing Specialist, 6th floor); Scanned, electronic copy will be provided to the Project Manager and Contract Manager