

HIDALGO COUNTY
Professional Engineering Services
Contract # C-08-389-10-28

WORK AUTHORIZATION NO. I

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of the Service Contract made by and between **HIDALGO COUNTY**, action herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**," and, "**Dos Logistics, Inc.**", professional engineer of Weslaco, Texas, hereinafter called the "**Engineer**".

PART 1. SCOPE OF WORK

The purpose of this Work Authorization is for the **Engineer** to provide engineering services as it pertains to the following:

INVENTORY OF EXISTING DRAINAGE STRUCTURES AND ENGINEERING ASSESSMENT OF APPROXIMATELY 80.25 MILES OF DRAINAGE DITCH LOCATED IN HIDALGO COUNTY PRECINCT NO. 1.

The scope of services to be provided by the **Engineer** is identified in **EXHIBIT "A" – Scope of Services to be Provided by the Engineer** attached hereto.

PART 2. ESTIMATED COST

The estimated cost for services under this Work Authorization is \$ **196,176.03**. This amount is based upon the costs outlined in the Estimated **Cost Proposal** attached hereto as **EXHIBIT "B"**.

PART 3. PAYMENT

Compensation and payment to the **Engineer** for the services established under this Work Authorization shall be made in accordance with **Article/Part/Section 6** of the Agreement.

PART 4. FUNDING

This Work Authorization No. I shall be funded through funding source:

Account No. **8-1201-431-00-121-005-0-733**

Requisition Number _____ (MUST BE INCLUDED AFTER CC APPROVAL)

PART 5. PERIOD OF SERVICE

This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate **upon completion of scopes of the work.**

PART 6. RESPONSIBILITIES AND OBLIGATIONS

This Authorization does not waive the parties' responsibilities and obligations provided under the **Agreement**.

PART 7. ACKNOWLEDGEMENT AND CONFIRMATION

Acknowledgement and confirmation by Hidalgo County Precinct No. 1, Commissioner Sylvia S. Handy as to content and detail of this Work Authorization No. 1.

**HIDALGO COUNTY
COMMISSIONER PRECINCTNO. 1**

BY: _____
Sylvia S. Handy, County Commissioner

PART 8. ACCEPTANCE AND APPROVAL

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on _____ as indicated below and effective as of _____ day of _____, 2008.

**THE ENGINEER:
DOS LOGISTICS, INC.**

**THE OWNER:
HIDALGO COUNTY**

By: _____
Eric C. Ybarra

By: _____
Juan D. Salinas, III, County Judge

ATTEST:

by: Arturo Guajardo, Jr., County Clerk

LIST OF ATTACHMENTS

- | | |
|------------------|---|
| ATTACHMENT "A" - | Service to be Provided by the Engineer |
| ATTACHMENT "B" - | Payment/ Fee Schedule |
| ATTACHMENT "C" - | Insurance Requirements provided by Engineer |
| ATTACHMENT "D" - | Work Authorization Form |

Exhibit "A" **Scope of Work**

INVENTORY OF EXISTING DRAINAGE STRUCTURES AND ENGINEERING ASSESSMENT OF APPROXIMATELY 80.25 MILES OF DRAINAGE DITCH LOCATED IN HIDALGO COUNTY PCT #1

Project Startup and Coordination

Coordinate with Irrigation District No. 9 to research and acquire any and all existing right-of-way information pertaining to irrigation ditches and structures available.

Coordinate and meet with Hidalgo County Precinct #1 and Drainage District No. 1 to provide project updates.

Inventory of Existing Drainage Structures

Identify locations, sizes and types of all drainage structures under crossings within the project limits.

Perform preliminary inspection of structures to determine existing conditions. A minimum of three digital photos will be taken of each structure (one photo showing roadway above structure, one photo showing inlet, and one photo showing outlet).

The consultant will note any major construction failures of structures.

Drainage Ditch Engineering Assessment

Search for, locate and identify any structures that are plugged.

Search for, locate and identify any major scouring (above 3 feet).

The consultant will report drainage ditch conditions. These conditions will be classified as: clear and maintained, light brush, medium brush, and heavy brush.

Identify Improvements adjacent to drainage ditches. This includes taking digital photos of buildings, houses, barns, roadways etc., and prepare location map of such improvements.

Establish approximate GPS positions of the beginning and ending points of drainage ditches, all major bends of drainage ditches and all drainage structures.

Digital photos will be taken approximately every 0.25 of a mile.

Plan of Action

Develop map of historically known flood prone areas.

Based on existing drainage ditch and drainage structure conditions, improvements adjacent to drainage ditches and areas that are historically known flood prone areas, the consultant will prioritize and develop a comprehensive plan of action.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/2/2008

PRODUCER
 Ron Robertson Insurance Agency
 7322 S.W. Frwy. Ste. 1850
 Houston, TX. 77074
 713-272-0558

INSURED **Dos Logistics, Inc.**
 212 West Third St.
 Weslaco, TX 78596
 956-968-8800

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: Interstate Fire & Casualty	
INSURER B: Sentinel Insurance/Hartford	
INSURER C: Texas Mutual Insurance Company	
INSURER D: HCC Specialty Insurance Co.	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CMR6200015-1	10-28-07	10-27-08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNEDAUTOS	61UECKO4021	08-18-08	08-18-09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	001176767	02-10-08	02-10-09	<input checked="" type="checkbox"/> WCSTATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D		Professional E&O	S707-10575	10-28-07	10-28-08	\$2,000,000 occurrence \$ 35,000 retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Hidalgo County Pct. 1
 100 E. Cano, 4th Floor, Admin Bldg.
 Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ron Robertson