

SAM Engineering and Surveying, Inc.



Reg.No. F-10602

200 South Cage Blvd., Pharr, Texas 78577, P.O. Box 3353 (Edinburg, Texas 78540)

April 10, 2012

Joel Quintanilla
Commissioner
Hidalgo County Precinct #1
1902 Joe Stephens Ave.
Weslaco, Texas 78596

Re: Letter of Recommendation for Material Change/Change Order
Hidalgo County Urban County Program
TDRA Precinct #1- Street/Drainage Improvement - Catarina Subdivision
Bid No. 6536-65-0311-5100-6510

Commissioner Quintanilla,

We have reviewed the proposed Change Order No. 2 (addition of contract days) as requested by SASCON, Inc. The requested increase in contract time is based on the following: 1. Change Order No. 1 time to approve for material changes, 2. Contractor and Sub-Consultant agreement procedure.

After review of the proposed change order consisting of the net increase of 60 contract days, we recommend that a change order be approved.

SASCON, Inc. thru the sub-consultant is currently working and on pace to complete the required improvements within the requested additional contract time. If you have any questions, you may contact me at (956) 702-8880 to discuss.

Respectfully Submitted,

Saul Maldonado, P.E.
Principal



Form 9-4 Construction Contract Change Order Approval Request

Owner (Contractor Locality): Hidalgo County Precinct No. 1 1902 Joe Stephens Ave. Weslaco, TX 78596 Phone #:	Contract For: Pct. 1 Catarina Subdivision Street & Drainage Improvements Project: Martinez, Ford, Dunn & Maritza St.	Date: April 10, 2012 Project No.: 6536-65-0311-6500-UCP-EGG
Contractor: Sascon Inc. 5200 N. 26 th St. McAllen, TX 78504 Agreement Date: August 2, 2011 Phone #: (956)682-3454	Engineer: SAMES, Inc. 200 S. Cage Blvd. Pharr, TX 78577 Phone #: (956)702-8880 Engineer's Project No.: 6536-65-0311-5100-6510-UCP-EGG	DR Contract No.: DRS010068 GLO Contract No.: 10-5066-000-5043 Change Order No.: 2

You are hereby requested to comply with the following changes from the contract plans and specifications:

Item No.	Description of Changes-Quantities, Units, Unit Prices, Change in Completion Scheduled, Etc.	Decrease in Contract Price	Increase in Contract Price
1	The change in material quantities, the time necessary to approve Change Order #1, and the need for the Contractor to prepare a sub-consultant agreement requires the addition of time to contract	\$0.00	\$0.00
<u>Change in Contract Price:</u>		<u>Change in Contract Time:</u>	
Original Contract Price: \$472,403.65		Original Contract Time: <u>90</u> days	
Previous Change Order(s) No. <u>1</u> to No. <u>1</u> \$16,940.00		Net Change From Previous Change Order <u>0</u> days	
Contract Price Prior to this Change Order: \$489,343.65		Contract Time Prior to this Change Order <u>90</u> days	
Net Increase/Decrease of this Change Order: \$0.00		Net Increase/Decrease of this Change Order <u>60</u> days	
Contract Price With all Approved Change Orders: \$489,343.65		Contract Time With All Approved Change Orders <u>150</u> days	
Cumulative % Change in Contract Price: 3.59 %			



CONTRACT AMENDMENTS

DR Division reimbursement of costs approved by this change order is subject to approval by TDRA.

RECOMMENDED: Engineer

APPROVED: Owner

ACCEPTED: Contractor

By: Saul D. Maldonado
Print Name

By: Comm. Joel Quintanilla
Print Name

By: Jason Skloss - Sascon, Inc
Print Name

Authorized Signature

Authorized Signature

Authorized Signature

Date: 04/10/2012

Date:

Date:

JUSTIFICATION FOR CHANGE

Table with 3 rows: Grantee: Hidalgo County Urban County Program, DRS Contract No.: DRS010068, Change Order No.: 2

1. Will this Change Order increase or decrease the number of beneficiaries?
Increase Decrease No Change

If there is a change, how many beneficiaries will be affected: Total L/M

2. Effect of this change on the scope of work:
Increase Decrease No Change

3. Effect on operation and maintenance costs:
Increase Decrease No Change

4. Are all prices in the change order dependent upon unit prices found in the original bid?
Yes No
If "NO", explain:

5. Will this change order be completed within the contract period?
Yes No

If "NO", expected completion date: May 11, 2012

6. Has this change created new circumstances or environmental conditions which may affect the project's impact, such as concealed or unexpected conditions discovered during actual construction?

Yes No

If "YES", is an Environmental Re-assessment required?
Yes No

7. Is the Texas Commission on Environmental Quality (TCEQ) clearance still valid:
Yes No



CONTRACT AMENDMENTS

8. Is the TCEQ permit approval still valid? (sewer projects only)
This is a street and drainage improvement project. Yes No
9. Are the handicapped access requirements/approval still valid (if applicable)?
N/A Yes No
10. Are other Disaster Recovery contractual special condition clearance still valid?
(If no, specify): Yes No

**HIDALGO COUNTY
URBAN COUNTY PROGRAM
UCP CONTRACT CHANGE ORDER REQUEST**

DRAFT

<p>CITY/PCT. Hidalgo County Precinct No. 1 1902 Joe Stephens Ave. Weslaco, TX 78596</p>	<p>DATE: April 10, 2012</p> <p>CHANGE ORDER NO. 2</p>
<p>CONTRACTOR/FIRM Sascon Inc. 5200 N. 26th Lane McAllen, TX 78504</p> <p>Phone #: (956) 607-6005</p>	<p>PROJECT/NAME/ACCT. NO.</p> <p>Pct. 1 Catarina Subdivision Street & Drainage Improvements 6536-65-0311-6500-UCP-EGG</p>
<p>You are hereby requested to comply with the following changes from the contract plans and specifications:</p>	

Final Quantitative Adjustments

Unit Prices

Quantitative Addition

X

Quantitative Deletion

Time Extension

Other

REASON:


Contract price prior to change order \$ 489,343.65

Net Increase/Decrease of this Change Order \$ 0.00

Contract Price with Change Order \$ 489,343.65

Increase/Decrease in time _____ 60 _____ days.

**HIDALGO COUNTY
URBAN COUNTY PROGRAM
UCP CONTRACT CHANGE ORDER REQUEST**

CITY/PCT. OFFICIAL	DATE	CONTRACTOR	DATE
	04/10/2012		
PROJECT ENGINEER - ARCHITECT	DATE		

(FOR URBAN COUNTY PROGRAM USE ONLY)

<input type="checkbox"/> Scope Increase	<input type="checkbox"/> Quantitative Addition/Deletion
<input type="checkbox"/> Scope Decrease	<input type="checkbox"/> Final Quantitative Adjustment
<input type="checkbox"/> L/M Beneficiary Change/Impact	<input type="checkbox"/> Other
<input type="checkbox"/> Environmental Impact	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

Title: _____

Signature: _____

Date: _____

SAM Engineering and Surveying, Inc.



200 South Cage Boulevard, Pharr, Texas 78577, P.O. Box 3353 (78540)

Weekly

**CONSTRUCTION AND INSPECTION
REPORT #16**

Period Ending / Time

**7:00am to 5:00pm
04-12-12- Thursday**

Project Number

**6536-65-0309-5000-
6500**

Project Name

Pct. 1 Catarina Subdivision Street & Drainage Improvements Project

Project Description

Paving and Drainage Improvements

Contractor's Name

Sascon Inc.

1. Rough Estimate of Percent Completion to Date of Construction Phases
(Include items such as clearing, grading, drainage, base, surface, etc.)

Street Improvements:

Maritza - 100%_Subgrade, 50% Flex Base, 80% C&G
Martinez - 100%_Subgrade, 50% Flex Base, 80% C&G
Ford - 100%_Subgrade, 50% Flex Base, 100% C&G
Dunn - 100%_Subgrade, 50% Flex Base, 100% C&G

Drainage Improvements:

Maritza -100%
Martinez -100%
Ford -100%
Dunn -100%

2. Work Completed or in Progress this period

On-going construction:

Drainage Improvements: 100% Complete Pipe, Inlets, Manholes, and Outfall

Paving Improvements: 100% Complete Subgrade, 50% Complete Flex-Base, 80% Complete Curb & Gutter, 40% Complete on Driveway repair

**Please include rain day(s) if applicable
18 Rain days.**

3. Brief Weather Summary This Period Including Approximate Rainfall and Periods of Below Freezing Temperature
(On earthwork jobs include soil condition.)

86 degrees 10-20 mph winds - Contractor was on site.

4. Contract Time

90

5. Summary of Laboratory and Field Testing This Period (Note failing tests and any retests.
Summarize out-of-tolerance material. Identify material subject to pay reduction.)

No Days Charged To
Date

113

Last Working Day
Charged
(Date)

4-11-12

**L & G Testing - Testing Lab -N/A
Proctor Pickup and Lime Determination**

6. Describe Contractor's and Sub-Contractor manpower and Equipment on site

SASCON INC. (Eberle Materials -SubContractor)

Personnel: 1-Manager, 1-Foreman, 2-Operators, 6-Laborer

Equipment:1-Grader, 1- Backhoe, 1-Loader, Curb & Gutter Laydown Machine

7. Problem Areas/Other Comments (Revisions to plans and specifications approved or denied, delays, difficulties, etc. and actions taken.)

Laws and Regulation board is in place and complete.

SPONSOR'S INSPECTOR OR REPRESENTATIVE

Date

04-12-2012

Typed of Printed Name and Title

Saul D. Maldonado

Signature

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Willis of Texas, Inc.
1400 N McColl Rd Suite 105
P O Drawer 3785
McAllen, TX 78502

CONTACT NAME:
PHONE (A/C No, Ext): 956 682-9423
E-MAIL ADDRESS:
FAX (A/C No): 956871286

INSURED
Sascon Inc
5200 N 26th Lane
McAllen, TX 78504

INSURER(S) AFFORDING COVERAGE
INSURER A: Wausau Insurance Company NAIC #
INSURER B: Employers Insurance of Wausau 21415
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: 2,000 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		YVZ91446458031	07/24/2011	07/24/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTALS PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPLEXP Accs \$1,000,000 CONTRACTORS POLLUTANT LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED/AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ASJZ91446458021	07/24/2011	07/24/2012	CONTRACTORS POLLUTANT LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WCCZ91446458011	07/24/2011	07/24/2012	WC STATUTORY LIMITS <input type="checkbox"/> DIF-ER <input type="checkbox"/> P1 EACH ACCIDENT \$1,000,000 C.L. DISEASE - EA EMPLOYEE \$1,000,000 P1 DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc: Catarina Subdivision, Progresso, TX

CERTIFICATE HOLDER
 Hidalgo County
 Urban County Program
 1916 Tesoro Blvd
 Pharr, TX 78577

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE
 Brian E Lewis