



SAP	002-683-006	MN Project No.:	0223 (061)	Change Order No.	3
-----	-------------	-----------------	------------	------------------	---

Project Location	CSAH 83 (Armstrong Blvd) & Alpine Drive				
Local Agency	Anoka County Highway Dept	Local Project No.			
Contractor	North Pine Aggregate, Inc	Contract No.	C0009790		
Address/City/State/Zip	14551 Lake Drive Columbus, MN 55025				
Total Change Order Amount \$	-\$3,847.50				

The City Engineer has determined, the item 2504.603 12" WATERMAIN DUCTILE IRON CL 52 shall be removed and replaced with item 2504.603 12" PVC WATERMAIN. The reason for this change is due to product / item availability of ductile iron pipe and the short timeline of this project. Prices shall include all equipment, labor and miscellaneous items required to perform this work. Payment for this work will be made by negotiated unit prices shown in Estimate of Costs and in accordance with MNDOT Specification 1904. North Pine Aggregate has submitted a price and approved by MnDOT contract Estimating.

Estimate Of Cost: <i>(Include any increases or decreases in contract items, any negotiated or force account items.)</i>						
**Group/funding Category	Item No.	Description	Unit	Unit Price	+ or - Quantity	+ or - Amount \$
3	2504.603	12" WATERMAIN DUCTILE IRON CL 52	LF	\$108.50	-(513)	-\$55,660.50
3	2504.603	12" PVC WATERMAIN	LF	\$101.00	513	\$51,813.00
Net Change this Change Order						- \$3,847.50

****Group/funding category is required for federal aid projects**

Due to this change, the contract time: <i>(check one)</i>	
<input checked="" type="checkbox"/> (X) Is NOT changed	<input type="checkbox"/> () May be revised as provided in MnDOT Specification 1806
<input type="checkbox"/> () Is Increased by _____ Working Days	<input type="checkbox"/> () Is Increased by _____ Calendar Days
<input type="checkbox"/> () Is Decreased by _____ Working Days	<input type="checkbox"/> () Is Decreased by _____ Calendar Days

Approved by City of Ramsey: _____ Date: _____

Print Name: _____ Phone: _____

Approved by Project Engineer: _____ Date: _____

Print Name: Chris Osterhus Phone: (763) 324-3189

Approved by Contractor: _____ Date: _____

Print Name: _____ Phone: _____

DSAE Portion: The State of Minnesota is not a participant in this contract. Signature by the District State Aid Engineer is for FUNDING PURPOSES ONLY and for compliance with State and Federal Aid Rules/Policy. Eligibility does not guarantee funds will be available.

This work is eligible for: ___ Federal Funding ___ State Aid Funding _X_ Local funds

District State Aid Engineer: _____ Date: _____