

RECEIVED
 SEP 12 2012
 BY: PSI

WILLIAMSON COUNTY, TEXAS
CHANGE ORDER NUMBER: 43

- 1. CONTRACTOR: Dan Williams Company
- 2. Change Order Work Limits: Sta. 1218+00 Sta. 1219+00
- 3. Type of Change(on federal-aid non-exempt projects): Minor (Major/Minor)
- 4. Reasons: 2J (3 Max. - In order of importance - Primary first)


Project:	<u>09WC720</u>
Roadway:	<u>US 183</u>
CSJ Number:	<u>0151-04-063, etc.</u>

5. Describe the work being revised:

2J: Differing site conditions. Additional safety needs (unforeseeable). This Change Order adds a new Contract item to compensate the Contractor for work associated with the removal and repair of metal beam guard fence (MBGF) at the northeast corner of South Gabriel Drive and northbound US 183. The MBGF was damaged by a vehicle on April 12, 2012. A police report is available for the accident.

- 6. Work to be performed in accordance with Items: See attached.
- 7. New or revised plan sheet(s) are attached and numbered: N/A
- 8. New Special Provisions to the contract are attached: Yes No
- 9. New Special Provisions to Item N/A No. N/A, Special Specification Item N/A are attached.

Each signatory hereby warrants that each has the authority to execute this Change Order (CO).

<p><i>The contractor must sign the Change Order and, by doing so, agrees to waive any and all claims for additional compensation due to any and all other expenses; additional changes for time, overhead and profit; or loss of compensation as a result of this change.</i></p> <p>THE CONTRACTOR Date <u>9/10/12</u></p> <p>By </p> <p>Typed/Printed Name <u>GEORGE MYFIELD</u></p> <p>Typed/Printed Title <u>PM</u></p>	<p>The following information must be provided</p> <p>Time Ext. #: <u>N/A</u> Days added on this CO: <u>0</u></p> <p>Amount added by this change order: <u>\$1,025.74</u></p>
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RECOMMENDED FOR EXECUTION:

 9/11/12
 Project Manager Date

County Commissioner Precinct 1 Date
 APPROVED REQUEST APPROVAL

N/A
 Design Engineer Date

County Commissioner Precinct 2 Date
 APPROVED REQUEST APPROVAL

 9/15/12
 Program Manager Date

County Commissioner Precinct 3 Date
 APPROVED REQUEST APPROVAL

Design Engineer's Seal:

N/A

County Commissioner Precinct 4 Date
 APPROVED REQUEST APPROVAL

APPROVED County Judge Date

CHANGE ORDER REASON(S) CODE CHART

1. Design Error or Omission	1A. Incorrect PS&E 1B. Other
2. Differing Site Conditions (unforeseeable)	2A. Dispute resolution (expense caused by conditions and/or resulting delay) 2B. Unavailable material 2C. New development (conditions changing after PS&E completed) 2D. Environmental remediation 2E. Miscellaneous difference in site conditions (unforeseeable)(Item 9) 2F. Site conditions altered by an act of nature 2G. Unadjusted utility (unforeseeable) 2H. Unacquired Right-of-Way (unforeseeable) 2I. Additional safety needs (unforeseeable) 2J. Other
3. County Convenience	3A. Dispute resolution (not resulting from error in plans or differing site conditions) 3B. Public relations improvement 3C. Implementation of a Value Engineering finding 3D. Achievement of an early project completion 3E. Reduction of future maintenance 3F. Additional work desired by the County 3G. Compliance requirements of new laws and/or policies 3H. Cost savings opportunity discovered during construction 3I. Implementation of improved technology or better process 3J. Price adjustment on finished work (price reduced in exchange for acceptance) 3K. Addition of stock account or material supplied by state provision 3L. Revising safety work/measures desired by the County 3M. Other
4. Third Party Accommodation	4A. Failure of a third party to meet commitment 4B. Third party requested work 4C. Compliance requirements of new laws and/or policies (impacting third party) 4D. Other
5. Contractor Convenience	5A. Contractor exercises option to change the traffic control plan 5B. Contractor requested change in the sequence and/or method of work 5C. Payment for Partnering workshop 5D. Additional safety work/measures desired by the contractor 5E. Other
6. Untimely ROW/Utilities	6A. Right-of-Way not clear (third party responsibility for ROW) 6B. Right-of-Way not clear (County responsibility for ROW) 6C. Utilities not clear 6D. Other

Williamson County Pass Through Financing

**US 183 Riva Ridge Drive to SH 29
Williamson County Project No. 09WC720**

Change Order No. 43

Reason for Change

This Change Order adds a new Contract item to compensate the Contractor for work associated with the removal and repair of metal beam guard fence (MBGF) at the northeast corner of South Gabriel Drive and northbound US 183. The fence was damaged by a vehicle on April 12, 2012. Compensation is for the labor, equipment and materials required to remove and repair the damaged MBGF. A police report is available for the accident.

Following is a summary of new items required for this Change Order:

Item	Description	Unit	Qty
999-0042	REMOVE AND REPAIR MBGF SOUTH GABRIEL DRIVE	LS	1.00

This Change Order results in a net increase of \$1,024.74 to the Contract amount, for an adjusted total Contract amount of \$15,967,404.27. The original Contract amount was \$14,677,727.84. As a result of this and all Change Orders to date, \$1,289,676.43 has been added to the Contract, resulting in an 8.8% net increase in the Contract Cost. No additional days will be added to or deducted from the Contract as a result of this Change Order.

HDR Engineering, Inc.

Corwin S. Anderegg, E.I.T.
Resident Representative

Environmental Safety Services, Inc.
8716 N. Mopac, Suite 310
Austin, TX 78759

Phone 512-989-2259 Fax 512-372-9375

DAILY STATEMENT OF FORCE ACCOUNT WORK

Date of Work: 4.19.12

Project Number: PJT 2009(886) Sub Contractor: ENVIRONMENTAL SAFETY SERVICES, INC.
 CSJ Number: 0151-04-063 General Contractor: Don Williams Company
 County: Williamson State Inspector: Corwin Anderegg
 Highway: US 183

Work: Remove and replace damaged guardrail with new at US 183 & San Gabriel.

STATEMENT OF EQUIPMENT

TYPE	YEAR	EQUIPMENT NUMBER (OR RENTAL VENDOR)	HOURS USED	RATE	AMOUNT
Felipe's Ford Pick Up Truck 1 Ton 4x4	2009		3.5	20.80	\$ 72.80
Nick's Dodge Pick Up Truck 1 Ton 4x4	2009		3.5	20.80	\$ 72.80
15' Trailer	2009		3.5	3.00	\$ 10.50
Generator	2008		3.5	4.80	\$ 16.80
Equipment (Misc./Movement)					
Subtotal or Total					\$ 172.90
15% Compensation					\$ 25.94
Equipment Total					\$ 198.84

STATEMENT OF LABOR

NAME	CLASSIFICATION	DAILY (\$/AL)	HOURS		RATE		AMOUNT
			REG	OT	REG	OT	
Atanacio Trejo	LABORER 172	H	3.500		11.250	16.875	\$ 39.38
Felipe Trejo	LABORER 172	H	3.500		14.500	21.750	\$ 50.75
Nicholas Zdansky	LABORER 172	H	3.500		15.000	22.500	\$ 52.50
Omar Ublado	LABORER 172	H	3.500		11.000	16.500	\$ 38.50
Subtotal or Total							\$ 91.00
55% Labor Burden							\$ 50.05
25% Compensation							\$ 22.77
Labor Total							\$ 163.80

181.13
 49.62
 45.20

STATEMENT OF MATERIAL

DESCRIPTION	QUANTITY	U/M	PRICE	AMOUNT
See attached detail from Texas Corrugators	1.00	LS	\$ 385.05	\$ 385.05
Subtotal or Total				\$ 385.05
15% Compensation				\$ 57.76
Material Total				\$ 442.81

326.03

STATEMENT OF SUBCONTRACTOR WORK

DESCRIPTION	U/M	PRICE	AMOUNT
None			
Subtotal or Total			\$ -

TOTAL AMOUNT DUE: \$

DWCO 6% Comp: ~~48.33~~ \$ 58.06

Total \$ ~~85.77~~ \$ 1025.74

\$ 805.44 \$ 967.68

Certified Payroll Report

Contractor Environmental Safety Services, Inc
 8716 N. Moopac Suike 310
 AUSTIN, TX 78756

Project 148 - US 183 Riva Ridge, Dan Williams

Employee Name	ID	Work Classification	Pay Type	Hours Worked by Day							Timestmt	Paid Hours	Rate	Pay Gross	Job Pay	Fringe Pay	Check #	Gross Pay	Total Gross Pay	Social Security	Medi-care	Federal Tax	State Tax	Other	Deduct	Net Pay
				Mon	Tue	Wed	Thu	Fri	Sat	Sun																
Alonacio Trejo	1916	172-Common	RT	16	17	18	19	20	21	22	3.50	3.50	11.25	36.38	0.00	0.00	42770	534.30	22.24	7.75	56.00	0.00	0.00	0.00	438.19	
Felipe Trejo	4859	172-Common	RT				3.50				3.50	3.50	14.50	50.76	0.00	0.00	42703	888.12	37.30	12.88	136.00	0.00	0.00	0.00	788.97	
Nicholas A Zdransky	2813	172-Common	RT				3.50				3.50	3.50	16.00	52.50	0.00	0.00	42708,3521	633.75	28.62	9.19	73.00	0.00	0.00	0.00	522.97	
Omar Ubaldio	9903	172-Common	RT				3.50				3.50	3.50	11.00	36.50	0.00	0.00	3511	522.50	21.95	7.58	0.00	0.00	0.00	0.00	492.97	

181.13

TEXAS CORRUGATORS, INC

P. O. Box 938
 Round Rock, TX 78680
 (512)388-0588 ph
 (512)388-0417 fax

INVOICE

Invoice #	112029
Invoice/Ship Date	4/18/2012

Sold to:

ENVIRONMENTAL SAFETY SERVICES
 8715 N. MOFAC SUITE 310
 AUSTIN, TX 78759

Deliver to:

CUSTOMER PICK UP

Customer PO	Ship Via	Telephone	Ref. No	Order Date	St/S #	Terms
VERBAL - KOLEY	CFU	512-989-2259	R-3257	04/17/12	RJC	Net 30
Units	Description	Quantity	U/M	Unit Price	Amount	
2	12 GA 12' RAIL P. 65" & CURVED TO A 40" RADIUS - CONVEX	2.0	EA	84.00	168.00	
1	25' 12 GA. TERMINAL ANCHOR RAIL	1.0	EA	147.00	147.00	
5	7" X 65' DOMED TOP TIMBER POST (1 HOLE)	5.0	EA	23.50	70.00	
3	6" X 8" X 14" CONCAVE TIMBER BLE GFT	3.0	EA			
24	5/8" X 1 1/4" SPLICE BOLT & NUT	24.0	EA			
8	5/8" X 2" BOLT, NUT & RECTANGULAR WASHERS	8.0	EA			
3	5/8" X 16" POST BOLT, NUT & WASHER	3.0	EA			
					Amount	\$385.00
					Tax (0.0%)	\$0.01
					Total	\$385.05

Job Name: US 183A REPAIR
Job #:
General: DAN WILLIAMS



www.equipmentwatch.com

August 15, 2011

Rental Rate Blue Book®

On-Highway Light Duty Trucks
Miscellaneous Models

Size Class:
300 HP & Over

Configuration for On-Highway Light Duty Trucks

Power Mode	Gasoline	Cap Type	Conventional
Axle Configuration	4X2	Ton Rating	1 1/2
Horsepower	300.0		

Blue Book Rates

** FHWA Rate is equal to the monthly ownership cost divided by 1/6 plus the hourly estimated operating cost.

	Ownership Costs				Estimated Operating Costs	FHWA Rate**
	Monthly	Weekly	Daily	Hourly	Hourly	Hourly
Published Rates	\$930.00	\$260.00	\$65.00	\$10.00	\$26.40	\$31.68
Adjustments						
Region (Texas: 91.4%)	(\$79.98)	(\$22.36)	(\$5.59)	(\$0.86)		
Model Year (2007: 96.6%) ✓	(\$28.90)	(\$8.08)	(\$2.02)	(\$0.31)		
Ownership (100%)						
Operating (100%)					\$26.40	
Total:	\$821.12	\$229.56	\$57.39	\$8.83		\$31.07

Rate Element Allocation

Element	Percentage	Value
Depreciation (ownership)	58%	\$539.40 / mo
Overhaul (ownership)	27%	\$251.10 / mo
CFC (ownership)	5%	\$46.50 / mo
Indirect (ownership)	10%	\$93.00 / mo
Fuel (operating) @ \$3.84	83%	\$21.89 / hr

Revised Date: 2nd Half 2011

Law Enforcement and TxDOT Use Only

FATAL CMV SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 1 Total Num. Prns. 1 TxDOT Crash ID



Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714 Questions? Call (512)486-5780
Refer to Attached Code Sheet for Numbered Fields

Page 1 of 2

* These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

***Crash Date (MM/DD/YYYY)** 04/12/2012 ***Crash Time (24HRMM)** 1919 **Case ID** 12040828 **Local Use** LPD120502

***County Name** Williamson ***City Name** Leander Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No **Latitude (decimal degrees)** _____ **Longitude (decimal degrees)** _____

ROAD ON WHICH CRASH OCCURRED

***1 Rdwy. Sys.** LR ***Hwy. Num.** _____ **2 Rdwy. Part** 1 **Block Num.** 500 **3 Street Prefix** S ***Street Name** Gabriel **4 Street Suffix** DR

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane **Speed Limit** 40 **Const. Zone** Yes No **Workers Present** Yes No **Street Desc.** _____

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST ROAD OR REFERENCE MARKER

At Int. Yes No **1 Rdwy. Sys.** US **Hwy. Num.** 183 **2 Rdwy. Part** 1 **Block Num.** 2400 **3 Street Prefix** _____ **Street Name** _____ **4 Street Suffix** _____

Distance from Int. or Ref. Marker _____ FT MI **3 Dir. From Int. or Ref. Marker** _____ **Reference Marker** _____ **Street Desc.** _____ **RRX Num.** _____

Unit Num. 1 **5 Unit Desc.** 1 Parked Vehicle Hit and Run **LP State** TX **LP Num.** CV1D939 **VIN** 1N4BA41E26C822092

Veh. Year 2006 **6 Veh. Color** GRY **Veh. Make** NISSAN **Veh. Model** Maxima **7 Body Style** P4 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/D Type 1 **DL/D State** TX **DL/D Num.** 09108219 **9 DL Class** C **10 CDL End.** 96 **11 DL Rest.** 96 **DOB (MM/DD/YYYY)** 06/17/1970

Address (Street, City, State, ZIP) 2014 Parksville Way Cedar Park TX 78613

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Cassady, Jason Hyrum	99	41	W	1	1	99	1	97	N	96		96	97	97
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			

Owner Lessee **Owner/Lessee Name & Address** Cassady, Jason Hyrum, 2014 Parksville Way Cedar Park TX 78613

Proof of Fin. Resp. Yes No Expired Exempt **26 Fin. Resp. Type** 2 **Fin. Resp. Name** Colonial County Mutual **Fin. Resp. Num.** 7842A 735473

Fin. Resp. Phone Num. _____ **27 Vehicle Damage Rating 1** 1, 2 - F, D - 5 **27 Vehicle Damage Rating 2** _____ **Vehicle Inventoried** Yes No

Towed by _____ **Towed To** driven away by owner - leaving the scene

Unit Num. _____ **5 Unit Desc.** _____ Parked Vehicle Hit and Run **LP State** _____ **LP Num.** _____ **VIN** _____

Veh. Year _____ **6 Veh. Color** _____ **Veh. Make** _____ **Veh. Model** _____ **7 Body Style** _____ Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/D Type _____ **DL/D State** _____ **DL/D Num.** _____ **9 DL Class** _____ **10 CDL End.** _____ **11 DL Rest.** _____ **DOB (MM/DD/YYYY)** _____

Address (Street, City, State, ZIP) _____

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			

Owner Lessee **Owner/Lessee Name & Address** _____

Proof of Fin. Resp. Yes No Expired Exempt **26 Fin. Resp. Type** _____ **Fin. Resp. Name** _____ **Fin. Resp. Num.** _____

Fin. Resp. Phone Num. _____ **27 Vehicle Damage Rating 1** _____ **27 Vehicle Damage Rating 2** _____ **Vehicle Inventoried** Yes No

Towed by _____ **Towed To** _____

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Duty Upon Striking a Highway Fixture	LPD120502

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address
	Guardrail	TxDot	

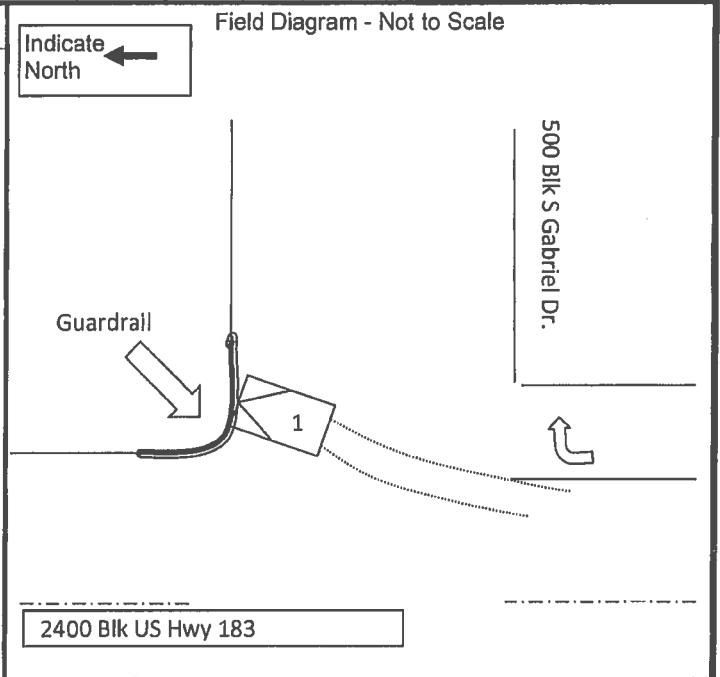
Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ Capacity	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class
30 Rdwy. Access	31 Veh. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	34 Trlr. Type	Trailer 2 Unit Num.
33 Cargo Body Style	Trailer 1 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	Trailer 2 Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Total Num. Axles	Total Num. Tires

FACTORS & CONDITIONS	38 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit Num.	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	20	22						1	1	4	1	1	1	17	

INVESTIGATOR'S NARRATIVE AND DIAGRAM

Investigator's Narrative Opinion of What Happened
(Attach Additional Sheets If Necessary)

Unit 1 was traveling at a high rate of speed in the 2400 block of US Hwy 183. The driver of Unit 1 attempted to make a right turn onto S. Gabriel Dr in order to avoid colliding with the vehicle braking in front of Unit 1. Unit 1 was not able to negotiate the right turn and struck the guard rail. Witness: Gretchen Mickler 512.259.2297



INVESTIGATOR	Time Notified (24HRMM)	1 9 1 9	How Notified	Communications	Time Arrived (24HRMM)	1 9 3 5	Report Date (MM/DD/YYYY)	0 4 / 1 2 / 2 0 1 2
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	E. Williams	ID Num.	705	District/Area	
	ORI Num.	T X 2 4 6 1 7 0 0	*Agency	Leander PD				