

IN WITNESS WHEREOF, the *County* and the *Engineer* have executed this supplemental agreement in duplicate,

ENGINEER:

By: 
Signature

Thomas M. Owens, P.E.
Printed Name

Executive Vice President
Title

13 DEC 17
Date

COUNTY:

By: _____
Signature

Printed Name

Title

Date

OK
my 12/14/2017

Forest North Drainage Improvements
Exhibit II
Hourly Rates
Fee Schedule

Inland Geodetics LLC	
Classifications	Billing Rate/Hour
Project Manager	\$140.00
RPLS	\$135.00
2 Person Crew	\$142.00
3 Person Crew	\$165.00
GPS Technician & Receiver	\$120.00
Technician	\$98.00
Admin / Clerical	\$54.00
GPS Reciever	