

Table 1. PROPOSED STAFF ALLOCATION
SAN MATEO COUNTY MIDCOAST GROUNDWATER STUDY PROJECT
Allocated Hours

Task	Description	Senior Hydrogeologist		Assistant Scientist			Task Hours Allocated	Comments and Assumptions
		Project Manager	Project Hydrogeologist	Staff Scientist	or Engineer	Clerical Support		
Task 1	Compile/Analyze existing data							Data provided by County
	Review Existing Reports and Data	2	8		16	2	28	
	Update GIS	2	20		4	2	28	
	Prelim Conceptual Model	2	10			2	14	
	Technical Status Memorandum	4	2				12	
Task 2	Geologic Mapping	24		60			130	Scale dependent on base map provided by County (not in original proposal)
	Coastal Dev, Encroachment and Well Construction Permitting	20	16	3			64	1 or 2 meetings with Coastal Commission, includes prep and travel time
	Well Design, Construction	16	4	84			104	Locating, permitting, construction (assumed depth = 80 ft.)
	Pumping Tests	8	8		478		494	
	Pumping Test Analysis	6	20		4	4	34	
	Technical Status Memorandum	8	2			2	12	
Task 3	Hydrogeologic Assessment / Modeling							
	Hydrogeologic Modeling	2	20	4			42	
	Assess Hydrologic Balance	16	20	8		12	56	
	Assess Available Resources	8	8	20		16	52	
	Identification of Sensitive Areas	8	10	4		4	26	
	Technical Status Memorandum	8	2			2	12	
Task 4	Project Report	56	16				72	with review and edit by County
Task 5	County Meetings	40	20	30			90	with review and edit by County
Task 6	Public Meetings							
	Public Workshops	56	56			20	156	4 public, 3 board meetings & prep time (originally part of CEQA proposal)
	Web Reports	40	20	30		16	130	KA to provide PDF files (not in original proposal)
	Allocated hours:	290	282	226	502	130	1552	

Table 2. ASSOCIATED COSTS
SAN MATEO COUNTY MIDCOAST GROUNDWATER STUDY PROJECT

Task	Description	STAFF ALLOCATION						OTHER COSTS		Total Estimate	
		Project Manager	Project Hydrogeologist	Staff Scientist	Assistant Scientist or Engineer	Clerical Support	Drafting Support	Markup: 20%	Subtotal		
	Review Existing Reports and Data	\$ 329	\$ 1,239		\$ 1,596	\$ 129				\$ 3,293	
	Update GIS	\$ 329	\$ 3,097		\$ 399	\$ 129				\$ 3,954	
	Prelim Conceptual Model	\$ 329	\$ 1,549			\$ 129				\$ 2,006	
	Technical Status Memorandum	\$ 1,239	\$ 310			\$ 120	\$ 258			\$ 1,754	
Task 2	Geologic Mapping	\$ 3,944		\$ 7,410		\$ 1,034	\$ 2,651			\$ 15,039	
	Coastal Dev, Encroachment and Well Construction Permitting	\$ 3,287	\$ 2,478	\$ 988		\$ 775	\$ 707			\$ 8,235	
	Well Design, Construction	\$ 2,630	\$ 619	\$ 10,374				Wells and monitoring wells	\$ 73,998	\$ 7,200	\$ 109,621
	Pumping Tests	\$ 1,315	\$ 1,239		\$ 47,681	\$ 30,879		Pump, generator, etc	\$ 18,000		\$ 102,713
	Pumping Test Analysis	\$ 986	\$ 3,097		\$ 399	\$ 258				\$ 4,741	
	Technical Status Memorandum	\$ 1,315	\$ 310			\$ 120				\$ 1,754	
Task 3	Hydrogeologic Modeling	\$ 329	\$ 3,097	\$ 494			\$ 1,414			\$ 5,333	
	Assess Hydrologic Balance	\$ 2,630	\$ 3,097	\$ 988		\$ 775				\$ 7,490	
	Assess Available Resources	\$ 1,315	\$ 1,239	\$ 2,470		\$ 1,034				\$ 6,057	
	Identification of Sensitive Areas	\$ 1,315	\$ 1,549	\$ 494		\$ 258				\$ 3,616	
	Technical Status Memorandum	\$ 1,315	\$ 310			\$ 120				\$ 1,754	
Task 4	Project Report	\$ 9,204	\$ 16,000	\$ 2,470		\$ 1,292	\$ 2,120			\$ 21,288	
Task 5	County Meetings	\$ 6,574	\$ 3,097	\$ 3,705		\$ 1,034	\$ 2,120			\$ 16,530	
Task 6	Public Meetings										
	Public Workshops	\$ 9,204	\$ 8,672			\$ 1,292	\$ 2,120			\$ 21,288	
	Web Reports	\$ 6,574	\$ 3,097	\$ 3,705		\$ 1,034	\$ 2,120			\$ 16,530	
	Estimated budget:	\$ 47,662	\$ 43,668	\$ 27,911	\$ 50,075	\$ 39,277	\$ 10,779	Sub cost w markup:	\$ 110,397.60	\$ 7,200	\$336,968

Additional Assumptions:

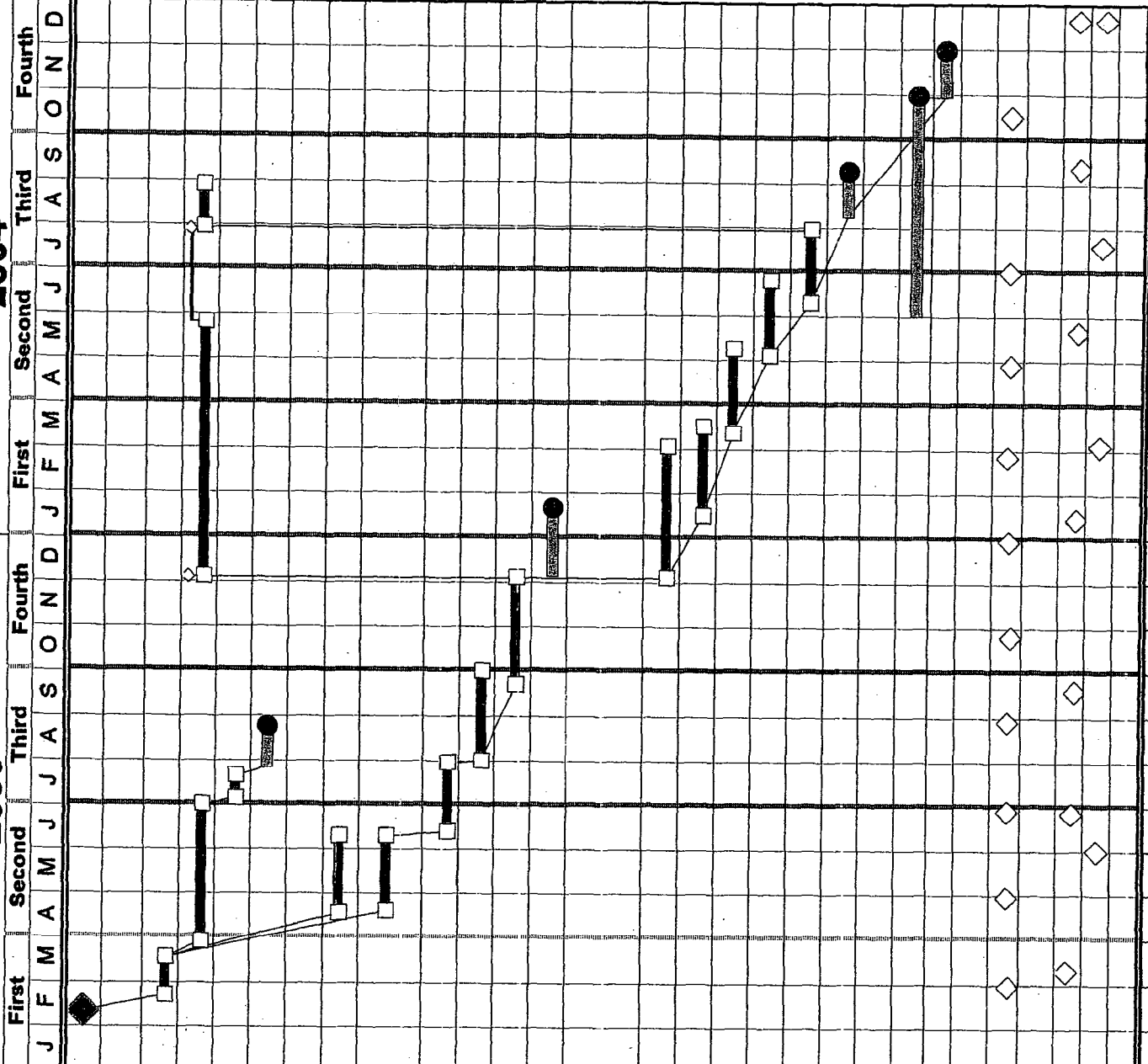
- | | | |
|--------|---|--|
| Task 1 | No. of wells: 6 | 11 Hours are an estimate based on County approved schedule |
| 2 | No. of observation well points: 6 | 12 Additional hours, if needed, will be negotiated |
| 3 | Assumed depth (feet): 80 | 13 County will provide data from Phase I study |
| 4 | Length of pumping test (hrs): 72 | 14 County will provide hard copy or electronic copy for all existing groundwater and related data |
| 5 | Each well will take up to one day to drill and construct | 15 County will provide all relevant data on a timely basis without delays to Kleinfelder |
| 6 | Existing wells in the project area are adequate for observation wells | 16 County will provide stereo-paired air photos, ortho-photo quads and topographic base map |
| 7 | Easy access with truck-mounted drill rig | 17 Well and drilling permits (except Coastal Commission) will be provided by the County at no cost |
| 8 | Wells will remain under the ownership of the Co at project completion | 18 |
| 9 | Pumped water can be discharged to the local ground or storm drain | 19 |
| 10 | County will maintain Web site | 20 |

San Mateo Co. Midcoast

Tasks

2003

2004



Mo. 1 Mo. 2 Mo. 3 Mo. 4 Mo. 5 Mo. 6 Mo. 7 Mo. 8 Mo. 9 Mo. 10 Mo. 11 Mo. 12 Mo. 13 Mo. 14 Mo. 15 Mo. 16 Mo. 17 Mo. 18 Mo. 19 Mo. 20 Mo. 21 Mo. 22 Mo. 23 Mo. 24

Compiled: 01/08/03; modified: 1/21/03

DATE:

1/15/03

TO:

Priscilla Morse, Risk Manager

FROM:

Virginia Diehl, Planning FAX 4849

PONY PLN122

SUBJECT:

Contract Insurance Approval

CONTRACTOR NAME:

Kleinfelder

DO THEY TRAVEL:

Yes, to perform survey work

PERCENT OF THE TIME:

??

NUMBER OF EMPLOYEES:

Over 50

DUTIES (SPECIFIC):

Preparation of Phase 2 of the Midcoast Groundwater Study.

COVERAGE:

	Amount	Approve	Waive	Modify
Comprehensive General Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

Priscilla Morse
SIGNATURE

SUBMIT TO RISK MANAGEMENT
PONY EPS-163 OR FAX 363-4864

ACORD CERTIFICATE OF LIABILITY INSURANCE OP ID A9
KLEIN-2 DATE (MM/DD/YY) 01/15/03

PRODUCER
Jenkins/Athens Ins Concord
License No. 0545478
P. O. Box 5668
Concord CA 94524-2029
Phone: 925-798-3334 Fax: 925-671-9533

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

INSURED

Kleinfelder, Inc.
Attn: SueAnn Manion
5015 Shoreham Place
San Diego CA 92122


INSURER A: **Lumberman's Mutual Casualty Co**
INSURER B:
INSURER C:
INSURER D:
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 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 LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	3BA16432101	04/01/02	04/01/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 10 day notice of cancellation will apply if cancelled for non-payment of premium. RE: San Mateo County Midcoast Groundwater; Kleinfelder #20801/PROP

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
County of San Mateo Environmental Svcs Agency Attn Virginia Diehl 455 County Center Redwood City CA 94063		SANMA-5	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
SEA-C0063502-C2

PRODUCER
MARSH RISK & INSURANCE SERVICES
P.O. BOX 193880
SAN FRANCISCO, CA 94119-3880
CALIFORNIA LICENSE NO. 0437153

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

101814-00001-ALL- SJOSE

COMPANY
A NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA

INSURED
KLEINFELDER, INC.
5015 SHOREHAM PLACE
SAN DIEGO, CA 92122

COMPANY
B TRAVELERS INDEMNITY CO. OF ILLINOIS

COMPANY
C N/A

COMPANY
D KEMPER SURPLUS LINES

COVERAGES This certificate supersedes and replaces any previously issued certificate for the policy period noted below. **5**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GL933-1970	03/31/02	03/31/03	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PER PROJECT AGGREGATE			PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> XCU INCLUDED				FIRE DAMAGE (Any one fire)	\$ 250,000
	<input checked="" type="checkbox"/> CROSS LIABILITY APPLIES				MED EXP (Any one person)	\$ 5,000
B	AUTOMOBILE LIABILITY	810 153D2414-02	03/31/02	03/31/03	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY:	
<input checked="" type="checkbox"/> HIRED AUTO PHYS. DAMAGE		EACH ACCIDENT	\$			
<input type="checkbox"/> \$1,000 COMP/\$1,000 COLL.		AGGREGATE	\$			
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO					
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE				WC STATUTORY LIMITS	OTH-ER
	<input type="checkbox"/> INCL				EL EACH ACCIDENT	\$
	<input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
D	OTHER	4TG 000006-01	03/31/00	03/31/03	EACH CLAIM	1,000,000
	PROFESSIONAL/CONT. POLLUTION LIABILITY				AGGREGATE	1,000,000
					SIR	100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: SAN MATEO COUNTY MIDCOAST GROUNDWATER/20801/PROP
THIS CERTIFICATE IS ISSUED AS RESPECTS LIABILITY ARISING OUT OF THE WORK PERFORMED BY OR ON BEHALF OF THE NAMED INSURED.

CERTIFICATE HOLDER

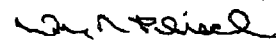
COUNTY OF SAN MATEO
ENVIRONMENTAL SERVICES AGENCY
ATTN: VIRGINIA DIEHL
455 COUNTY CENTER
REDWOOD CITY, CA 94063

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

by: William R. Plisch



MM1 (3/02)

VALID AS OF: 01/15/03

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Kleinfelder, Inc.
Contact Person: Michael Clark
Address: 1362 Ridder Park Drive
San Jose CA 95131
Phone Number: (408)436-1155 Fax Number: (408)436-1771

II Employees

Does the Contractor have any employees? [X] Yes ___ No
Does the Contractor provide benefits to spouses of employees? [X] Yes ___ No

If the answer to one or both of the above is no, please skip to Section IV.

III Equal Benefits Compliance (Check one)

- [X] Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
[] Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
[] No, the Contractor does not comply.
[] The Contractor is under a collective bargaining agreement which began on ___ (date) and expires on ___ (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 15 day of January, 2003 at San Jose, Cal. Folvia
(City) (State)

[Signature]
Signature

Paul A Baginski
Name (Please Print)

Regional Manager / VP
Title

94-1532513
Contractor Tax Identification Number