

**WORK ORDER**

PURSUANT TO A MASTER AGREEMENT BETWEEN  
THE CITY OF FORT COLLINS  
AND  
CGRS

**WORK ORDER NUMBER:** 2019-07.24

**PROJECT TITLE:** DWRF Follow Up Line Leak Detection

**ORIGINAL BID/RFP NUMBER & NAME:** 8361- General Environmental Services-  
CGRS

**MASTER AGREEMENT EFFECTIVE DATE:** 2/28/18

**OWNER'S REPRESENTATIVE:** Errin Henggeler

**WORK ORDER COMMENCEMENT DATE:** July 22, 2019

**WORK ORDER COMPLETION DATE:** August 31, 2019

**MAXIMUM FEE:** (time and reimbursable direct costs): **\$3,363.00**

**PROJECT DESCRIPTION/SCOPE OF SERVICES:**

Conduct one day of advanced leak detection using helium and helium detections technologies. Testing includes a senior technology specialist, senior compliance technician, up to two bottles of helium, and a helium detector.

The attached Follow Up Line Leak Detection Services Proposal consisting of three (2) pages are hereby accepted and incorporated herein, by this reference, and Notice to Proceed is hereby given after all parties have signed this document.

SERVICE PROVIDER: CGRS

By: _____	DocuSigned by: <i>Brannan Davis</i> BC665DB4E1684F3...	Date: <u>7/24/2019</u>
Name: _____	Brannan Davis	Title: <u>Project Manager</u>
	Brannan Davis	CGRS, Project Manager

**OWNER'S ACCEPTANCE & EXECUTION:**

This Work Order and the attached Contract Documents are hereby accepted and incorporated herein by this reference.

ACCEPTANCE: _____	DocuSigned by: <i>Nick Smiley</i> 6C95CEDE70F2486...	Date: <u>7/24/2019</u>
	Nick Smiley, Project Manager	



REVIEWED: DocuSigned by:  
Errin Henggeler  
0B07416FC3D1445...  
Errin Henggeler, Env Regulatory Specialist

Date: 7/24/2019

REVIEWED: DocuSigned by:  
Pat Johnson  
55D7D9B99DE9493...  
Pat Johnson, Senior Buyer, Utilities

Date: 7/24/2019



July 18, 2019

Ms. Errin Henggeler, CHMM  
Environmental Regulatory Specialist  
City of Fort Collins  
P.O. Box 580  
Fort Collins, Colorado 80522

Via email: [ehenggeler@fcgov.com](mailto:ehenggeler@fcgov.com)

Re: Proposal for Follow-Up Line Leak Detection Services  
Drake Water Reclamation Facility  
3036 Environmental Drive  
Fort Collins, CO 80525  
CGRS Site No. 15993

Dear Ms. Henggeler:

CGRS is pleased to present you with this proposal and cost estimate to provide helium leak detection and location testing on two ethylene glycol transmission lines at the Drake Water Reclamation Facility. The site employs an ethylene glycol heat system that has approximately 800 feet of single-wall subsurface fiberglass supply and return lines. Based on information from plant workers, there could be a small leak present after the initial repair of the line

## Scope of Work

CGRS will complete the Scope of Work as follows:

- Conduct one day of advanced leak detection using helium and helium detections technologies. Testing includes a senior technology specialist, senior compliance technician, up to two bottles of helium, and a helium detector.

## Assumptions and Limitations

- There is physical access to the piping at relevant locations for isolation and tapping.
- The sections to be tested can be isolated by valving or other means.
- There are taps, fittings, etc. to tie and remove ethylene glycol product from the supply and return line.
- All liquid will be evacuated from the lines prior to testing. Liquid removal is not part of this proposal.
- Based on the size of the line, assumed liquid leak, and depth of the line, CGRS assumes accuracy of up to plus or minus 10 feet from the predicted leak. Greater accuracy is expected but the unique variables of the site could affect the outcome of the testing.
- It is assumed that only one leak exists in the subsurface piping sections. If additional leaks are present it could require additional scope and effort to isolate these.

## Project Cost

The costs for CGRS to complete the scope of work is summarized in the following table:



## Follow-Up Line Leak Detection Services

City of Fort Collins

Service	Description	Quantity	Unit	Unit Rate	Markup (10%)	Cost	Total	
A.	<b>Enhanced Leak Detection Testing Day (Helium Day 1)</b>							
	Senior Technology Specialist	8	hour	\$147		\$1,176		
	Senior Compliance Technician	8	hour	\$75		\$600		
	Helium Detector	1	day	\$100		\$100		
	Helium	2	bottle	\$410	\$82.00	\$902		
TOTAL =							\$2,778	
B.	<b>Project Management</b>							
	Project Manager	5	hours	\$117		\$585		
TOTAL =							\$585	
<b>TOTAL COST =</b>							<b>\$3,363</b>	

Our costs are based in accordance with our current City of Fort Collins contract fee schedule. In addition to all necessary labor equipment, materials, and permits to complete the foregoing work specifications, CGRS will provide commercial general, professional, and pollution liability insurance coverage (\$5,000,000 aggregate), standard workers' compensation, and employers' liability insurance coverage.

### Schedule

Work will commence scheduling as soon as the completed as a PO has been issued. Scheduling is approximately two to three weeks out but CGRS will work diligently to completed the project on an expedited time frame.

### Qualifications

CGRS is a local industry leader and we are committed to delivering projects that meet and exceed the requirements of our clients. CGRS is a local Fort Collins company with approximately 30 years of full-service construction, compliance, and environmental consulting experience providing design, compliance, assessment, construction, and remediation services. Our experienced staff includes engineers, geologists, hydrogeologists, field technicians, and support staff. By integrating resources from CGRS' Environmental, Engineering, Compliance, and Construction departments, we offer a unique and comprehensive range of services tailored to meet the needs of our customers.

CGRS appreciates the opportunity to provide our professional environmental services. If you have any questions regarding this proposal, please contact me at (970) 218-4072 or bdavis@cgrs.com.

Sincerely,

**Brannan Davis, PE**  
CGRS, Inc.  
Project Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) <b>5/6/2019</b>
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**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 have ADDITIONAL INSURED provisions or 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).**

<b>PRODUCER</b> <b>PFS Insurance Group</b> 4848 Thompson Parkway Suite 200 Johnstown, CO 80534	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 635-9400</b> FAX (A/C, No): <b>(970) 635-9401</b> E-MAIL ADDRESS: <b>info@mypfsinsurance.com</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
<b>INSURER A : Admiral Insurance Company</b>	<b>24856</b>
<b>INSURER B : Allmerica Financial Benefit Insurance Company</b>	<b>41840</b>
<b>INSURER C : Pinnacol Assurance Co</b>	<b>41190</b>
<b>INSURER D : The Hanover Insurance Company</b>	<b>22292</b>
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**C G R S, Inc. & CA TESTCO, LLC**  
 1301 Academy Ct  
 Fort Collins, CO 80524

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Blanket Add'l Insd</b> <input checked="" type="checkbox"/> <b>Blkt Waiver of Subro</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>FEIECC1329006</b>	<b>3/1/2019</b>	<b>3/1/2020</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>B</b>	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Blanket Add'l Insd <input checked="" type="checkbox"/> Blkt Waiver of Subro	<b>X</b>		<b>AW4A232142</b>	<b>3/1/2019</b>	<b>3/1/2020</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>FEIEXS1329106</b>	<b>3/1/2019</b>	<b>3/1/2020</b>	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>4029480</b>	<b>1/1/2019</b>	<b>1/1/2020</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Leased/Rented Equip</b>			<b>RH4A231842</b>	<b>3/1/2019</b>	<b>3/1/2020</b>	<b>\$1,000 Deductible</b> <b>200,000</b>
<b>A</b>	<b>Pollution/Profession</b>			<b>FEIECC1329006</b>	<b>3/1/2019</b>	<b>3/1/2020</b>	<b>Limit Per Claim</b> <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 If required by written contract, the Certificate Holder is included as Additional Insured for ongoing operations under General Liability and Automobile Liability

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Fort Collins PO Box 580 Fort Collins, CO 80522	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 
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