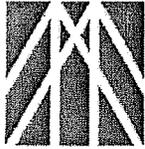


Milestone



June 30, 2011

Butler, Fairman & Seufert
Attn: Dave Garwood
8450 Westfield Blvd., Suite 300
Indianapolis, IN 46240-5920

RE: INDOT Contract R-31290-A Perimeter Parkway
Replace top of Sanitary MH

Mr. Garwood,

Per your discussions with Joe Ratcliff we are providing pricing to replace the top of 7 existing sanitary MH's. We will dig down 3 to 4 feet, remove the top 3 or 4 feet of existing brick and place a precast concrete cone on top of the structure. We will reset and adjust the casting (which will be paid under the adjust casting to grade item).

ADDED ITEM

Item #	Description	Unit Price	Quantity	Total
NEW	Replace top of Sanitary MH	\$2,670.92 EA	7 EA	\$18,696.44
	TOTAL ADD			\$18,696.44

The net change to the contract for this additional work will be an add of \$18,696.44. Milestone would also request an additional one (1) calendar days per each MH be added to the intermediate and final completion dates of the contract for the completion of this work. If you need further information or have any questions about the above pricing, please contact myself or Joe Ratcliff.

Respectfully,
MILESTONE CONTRACTORS, L.P.

Michael Bennet
Estimator

Cc: Rob Cochran, Joe Ratcliff, Kim Strunk



Milestone Contractors, L.P. Extra Work Pricing Summary

Project No: R-31290 Perimeter Parkway

Date Requested:

Date Submitted:

6/30/2011

Description of Work: Replace Top of Sanitary MH

Reason for Extra Work: INDOT Requested

Has Work Already Been Completed? No

When:

MCLP Project No.

Cost Activity Code:

All calculations and markups represent the application of INDOT Standard Specification 109.05 Extra Work and Force Account Work

Item: Replace Top of Sanitary MH	Quantity:	7	Units	EA			
Labor:	Cost =	\$ 5,762.00	Markup %	20%	\$ 1,152.40	Total	\$ 6,914.40
Equipment:	Cost =	\$ 6,310.00	Markup %	12%	\$ 757.20	Total	\$ 7,067.20
Materials:	Cost =	\$ 3,343.00	Markup %	12%	\$ 401.16	Total	\$ 3,744.16
Subcontract:	Cost =		Markup %	10%	\$ -		
			Markup %	7%	\$ -	Total	\$ -
Trucking:	Cost =	\$ 771.00	Markup %	10%	\$ 77.10		
			Markup %	7%	\$ -	Total	\$ 848.10
		\$ 16,186.00		\$ 2,387.86		\$ 18,573.86	
Insurance & Bond	Cost =	\$ 111.44	Markup %	10%	\$ 11.14	Total	\$ 122.59
Total						\$ 18,696.45	
Unit Price						\$ 2,670.92	
Extra Days Requested	1 Day per MH						1 Day per MH

INDIANA Department of Transportation

Construction Change Order and Time Extension Summary

Contract Information

District:CRAWFORDSVILLE DISTRICT

Contract No.: R -31290

AE:Seef, Erik

Letting Date:01/12/2011

PE/S:Garwood, Dave

Status:Draft

Change Order Information

Date Generated: 00/00/0000

Reason Code: ERRORS & OMISSIONS, Utilities Related

Description: Replace old brick sanitary manhole tops

Change Order No.: 005

Date Approved: 00/00/0000

EWA: Y or Force Acct: N

Original Contract Amount \$ 4,856,831.03

Current Change Order Amount \$ 0.00

Percent: 0.000 %

Total Previous Approved Changes \$ 11,936.00

Percent: 0.246 %

Total Change To-Date \$ 11,936.00

Percent: 0.246 %

Modified Contract Amount \$ 4,868,767.03

Time Extension Information

Date Initiated 00/00/0000

Date Completed 00/00/0000

Original Contract Time

SS Completion Date 00/00/0000 or SS Calendar/Work Days 0

SP Date 00/00/0000 or SP Days

(SS = Standard Specification, SP = Special Provision)

Time Element Description:

Current Time Extension

SS Days 0 SP Days 0 SP Days Value \$ 0.00

Previous Time Approved

SS Days by AE: _____ DCE: _____ SCE: _____ DDCM: _____

SS Days _____ SP Days Value \$ _____

Revised Contract Time

SS Completion Date 00/00/0000 or SS Calendar/Work Days 0

SS Date 00/00/0000 or SP Days 0

INDIANA Department of Transportation
Construction Change Order and Time Extension Summary

Review and Approval Information

Required Approval Authority AE: _____ DCE: _____ SCE: _____ * DDCM: _____ *
(\$ per Change Order) (- LE \$ 250K-) (- LE \$ 750K -) (-- LE \$ 2 M --) (-- GT \$ 2 M --)
(Days per Contract) (50 SS days) (100 SS days) (200 SS Days) (GT 200 SS days)

Verbal Approval Required? Y / N If Y, by _____ Date Issued _____

Total Change To-Date>5%? Y / N If Y , Copy to Program Budget Manager _____

Scope/Design Recommendation Y / N If Y, Referred to Project Manager(PM) _____
Required? Date to PM _____ Date Returned _____

Approval Authority Concurs with PM? Y / N If Y, Concurrence by _____ Date _____
If N,Resolution: Approved _____ Disapproved _____
Resolved by _____ Date _____

LPA Signatures Required? Y / N If Y, Date to LPA _____ Date Returned _____

FHWA Signatures Required? Y / N If Y, Date to FHWA _____ Date Returned _____

* Field Engineer Recommendation (Required for SCE or DDCM Approval)

Field Engineer _____ Date _____

Comments: _____

Contract No:R -31290

INDIANA

Date:07/18/2011

Change Order No:005

Department of Transportation

Page: 3

Contract: R -31290
 Project: 0501163 - State:0501163, 1005621
 Change Order Nbr: 005
 Change Order Description: Replace old brick sanitary manhole tops
 Reason Code: ERRORS & OMISSIONS, Utilities Related

CLN	PCN	PLN	Item Code	Unit	Unit Price	CO Qty	Comment	Amount Change
0214	0501163	0214	715-03025	EACH	2,670.920	7.000	C	Amount:\$ 18,696.44

Item Description: SANITARY MANHOLE
 Supplemental Description1: Reinforced Cone
 Supplemental Description2:

Total Value for Change Order 005 = \$ 18,696.44

Whereas, the Standard Specifications for this contract provides for such work to be performed, the following change is recommended.
 General or Standard Change Order Explanation

There were several old sanitary sewer manholes in the mainline pavement that had brick and mortar cone sections. These manholes were in poor condition and it was feared they might collapse during construction activities. The old manholes are being rebuilt to a depth that a new reinforced concrete cone section will set on top of the concrete block portion of the manhole.

Change Order Explanation for Specific Line Item

 It is the intent of the parties that this change order is full and complete compensation for the work describe above.
 Notification and consent to this change order is hereby acknowledged.

Contractor: _____

Signed By: _____

Date: _____

NOTE: Other required State and FHWA signatures will be obtained electronically through the SiteManager system.

Contract No:R -31290
Change Order No:005

INDIANA
Department of Transportation

Date:07/18/2011
Page: 4

APPROVED FOR LOCAL PUBLIC AGENCY

(SIGNATURE)

(TITLE)

(DATE)

(SIGNATURE)

(TITLE)

(DATE)

SUBMITTED FOR CONSIDERATION

PE/S _____

APPROVED FOR INDIANA DEPARTMENT OF TRANSPORTATION

Approval Level

Name of Approver

Date

Status