	Agenda Item Summary	Blue Shcct No. 20031208
1. <u>REQUESTED MOTION</u> : ACTION REQUESTED: Approve Sup	oplemental Task Authorization No.17 to Co	ontract #1863, to Water Resource Solutions, for CN-01-
11 Miscellaneous Utility Engineering D		l Griffin Pkwy Monthly Groundwater Monitoring, for
WHY ACTION IS NECESSARY: Bo	ard approval is required.	
WHAT ACTION ACCOMPLISHES: Monthly Groundwater Monitoring.	. Will enable the Consultant to continue wi	th the project known as Ben Hill Griffin Parkway
. DEPARTMENTAL CATEGORY:		3. MEETING DATE:
. Independent COMMISSION DISTRICT #:	CloA	10-28-2003
AGENDA:	5. <u>REQUIREMENT/PURPOSE</u> : (Specify)	6. REQUESTOR OF INFORMATION:
X CONSENT	STATUTE	A. COMMISSIONER
ADMINISTRATIVE	ORDINANCE	B. DEPARTMENT
APPEALS	x ADMIN. CODE AC-4-4	C. DIVISION Public Resources
PUBLIC WALK ON	OTHER	BY: Libby Walker, Director
TIME REQUIRED:		
BACKGROUND:		
nds will be available from account strachment: Supplemental Task Author		
MANAGEMENT RECOMMENDA	<u>ATIONS</u> :	
	9. <u>RECOMMENDED APPROV</u>	VAL:
A B C epartment Purchasing Human Director or Contracts Resources	D E Other County Attorney	Budget Services County Manager
D REPORT NIA	MA 294 8	OM Risk GC 20 10 16 0 7
0,5 13 03	10/14/03	10/14/03 Holishon 10/14/04 HS 10/16/03
COMMISSION ACTION:		RECEIVED BY A A-
a dide	ROVED Rec. by CoAtty	COUNTY ADMIN
APPI	Bohan II II II II	3 /0/14 10145an scr.
	ERRED Times 2500	COUNTY ADMIN ()
ОТН		FORWARDED TO: Y V
	Formulae 193	10/10 240
	Car Amir	LAW J

Lee County Board Of County Commissioners

LEE COUNTY PROFESSIONAL SERVICE/SERVICE PROVIDER AGREEMENT CHANGE ORDER/SUPPLEMENTAL TASK AUTHORIZATION

☐ Change Order ☐ Supplemental Task Authorization	NO.: <u>17</u>
(A Change Order or Supplemental Task Authorization Expenditures Under \$25,000 or Approval by the County \$50,000 or Approval by the Board of County Commission	y Manager for Expenditures Between \$25,000 and
CONTRACT/PROJECT NAME: BEN HILL GRIFFIN PKW	Y MONTHLY GROUNDWATER MONITORING
CONSULTANT: Water Resource Solutions	PROJECT NO.:
SOLICIT NO.: <u>CN-01-11</u> CONTRACT NO.: <u>1863</u> AG	CCOUNT NO.: 80671835212.506540
REQUESTED BY: Elizabeth Walker, LCBOCC	DATE OF REQUEST: 9/16/03
Upon the completion and execution of this Change Orde the Consultant/Provider is authorized to and shall proceed	er or Supplemental Task Authorization by both parties
EXHIBIT "CO/STA-A: SCOPE OF PROFESSIONAL SER	VICE: DATED: 9/16/03
EXHIBIT "CO/STA-B: COMPENSATION & METHOD OF	PAYMENT: DATED: 9/16/03
EXHIBIT "CO/STA-C: TIME AND SCHEDULE OF PERFO	DRMANCE: DATED: 9/16/03
EXHIBIT "CO/STA-D: CONSULTANT'S/PROVIDERS AS SUB-CONSULTANT(S)/SUB-CON	
EXHIBIT "CO/STA-E: PROJECT GUIDELINES AND CRI	TERIA: DATED: <u>9/16/03</u>
It is understood and agreed that the acceptance of constitutes an accord and satisfaction.	
RECOMMENDED: ACCEPTED:	COUNTY APPROVAL:
By: By: By: By: Department Director Date Consultant/Provide	By Department Director
BC 16/13/63 Date Accepted:	(Under \$25,000)
APPROVED:	By: County Manager (Between (\$25,000 and under \$50,000)
By: *County Attorney's Office Date	Date Approved:
*County Attorney signature needed for over Board level expenditures only.	By: Chairman Board of County Commissioners
CMO:023	Date Approved:

09/25/01

CHANGE ORDER AGREEMENT No or
SUPPLEMENTAL TASK AUTHORIZATION No. 17
EXHIBIT "CO/STA-A"
Date: <u>9/16/03</u>
SCOPE OF PROFESSIONAL SERVICES
For BEN HILL GRIFFIN PKWY MONTHLY GROUNDWATER MONITORING (Enter Project Name from Page 1 of the Change Order or Supplemental Task Authorization)
SECTION 1.00 CHANGE(S) TO PROFESSIONAL SERVICES
The "Scope of Professional Services" as set forth in Exhibit "A" of the Professional Services Agreement, or Service Provider Agreement, referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT or SERVICE PROVIDER, shall provide and perform the following professional services, tasks, or work as a supplement to, change to, or authorized to, the scope of services previously agreed to and authorized:
Monitor water levels, dissolved chlorides, and conductivity in four groundwater monitoring wells along BHG Parkway. Monitoring will be conducted monthly for a duration of 15 months.
*Use Additional Sheets for Scope of Services, if needed Page A 1 of A I

CMO:025 09/25/01

		DRDER AGREEMENT No. or ENTAL TASK AUTHORIZATION	N No. <u>17</u>		<u>EXHIBIT</u>	"CO/STA-B"		
					Date: <u>9/1</u>	6/03		
COMPENSATION AND METHOD OF PAYMENT								
For	BEN HILL	GRIFFIN PKWY MONTHLY GI	ROUNDWATE	ER MONITORING	_			
40.00		(Enter P Change Order	roject Name f r or Suppleme	rom Page 1 of the ental Task Authori	e zation)			
		CHANGE(S) IN COMPENSA						
peri Sco Exh		ensation the CONSULTANT, or supplemented, changed or autl es set forth in this CHANGE OR A-A", attached hereto shall be	as renorre.				ıd ıe T,	
	NOTE: A CONSULT authorized "Method of (WIPP).	Lump Sum (L.S.) or Not-to-E FANT should be established an in Exhibit "S/COA-A". In accord f Payment", tasks to be paid o	Exceed (N.T.E d set forth be dance with Pro n a Work-in-F	E.) amount of cor low for each task ofessional Service Progress payment	npensation to be or sub-task descr s Agreement Articl basis should be i	paid the ibed and e 5.03(2) identified		
	Task Number	Task Title	İ	Amount of Compensation	Indicate Basis of Compensation LS or NTE	If Applicable Indicate (W.I.P.P.)		
	11.00	Hydrogeological Services		\$8,287.50	NTE	WIPP		
	TOTAL (Unless list	is continued on next page)		\$8,287.50	NTE			
CMC 09/2	D:029		age <u>B 1</u> of <u>B</u> 1	<u> </u>				
	☐ CHANG ☑ SUPPLE	E ORDER AGREEMENT No or :MENTAL TASK AUTHORIZAT	•	-				

SECTION 2.00 SUMMARY OF CHANGE(S) IN COMPENSATION

Pursuant to and in consideration of the change(s) in the Scope of Professional Services set forth in the CHANGE ORDER or AGREEMENT, Exhibit "CO/STA-A", the compensation the COUNTY has previously agreed to pay to the CONSULTANT, or SERVICE PROVIDER, as set forth in Exhibit "B" of the Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

	·	,			
Section/Task Number	Section/Task Name	Compensation In the Basic Agreement	Adjustment(s) by Previous CO or STA Nos. 1	Adjustment(s) Due to this CO or STA	Summary of Changed Compensation
STA#1	Hydro Services		15,925.00		15,925.00
STA #2	Hydro Services		9,800.00		25,725.00
STA#3	Hydro Services		10,975.00		10,975.00
STA #4	Hydro Services		1,101.50		1,101.50
STA #5	Hydro Services		22,000		22,000.00
STA #6	Hydro Services		81,150.00	 	81,150.00
STA #7	Hydro Services		8,200.00		8,200.00
STA #8	Hydro Services		8,054.00		8,054.00
STA #9	Hydro Services		1,595.00		1,595.00
STA #10	Hydro Services		5,183.00		5,183.00
STA #11	Hydro Services		6,981.26		6,981.26
STA #12	Hydro Services		1,840.00		1,840.00
STA #13	Hydro Services		11,590.00		11,590.00
STA #14	Hydro Services		49,950.00		49,950.00
STA #15	Hydro Services	-	9,525.00		9,525.00
STA #16	Hydro Services		952,444.00		952,444.00
STA #17	Hydro Services		<u> </u>	8,287.50	8,287.50
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TOTAL					1,204,601.26

CHANGE ORD	ER AGREEMENT No		
SUPPLEMENT	OR TAL TASK AUTHORIZATION No. <u>17</u>	<u>EXI</u>	HBIT "CO/STA-C"
TIME AND SCHED	OULE OF PERFORMANCE	Dat	e: <u>9/16/03</u>
	FFIN PKWY MONTHLY GROUNDWATI	ER MONITORING	
	(Enter Project Name from Change Order or Supplemental Task	Page 1 of the Authorization Agreeme	ent)
SECTION 1.00	CHANGES FOR THIS CHANGE OF AUTHORIZATION AGREEMENT	DER OR SUPPLEMEN	ITAL TASK
The time ar perform the service AUTHORIZATION hereto is as follows	nd schedule of completion for the varioues, tasks, or work set forth in this CHAN AGREEMENT, Exhibit "CO/STA-A", ent	s phases or tasks requ GE ORDER or SUPPLi itled "Scope of Profess	ired to provide and EMENTAL TASK ional Services" attached
Phase and/or Task Reference as Enumerated in EXHIBIT "A"	Name or Title of Phase and/or Task	Number of Calendar Days For Completion of Each Phase and/or Task	Cumulative Number of Calendar Days For Completion from Date of Notice to Proceed For this CO or STA
11	Hydro Services	450	450
	Thydro dervices	450	450
CMO:027 09/25/01	Page C1 of Ca	have-	
CHANGE ORDE	R AGREEMENT No.	•	
SUPPLEMENTA	L TASK AUTHORIZATION No.	EXHIB	T "CO/STA-C"

Date: 9/16/03

TIME AND SCHEDULE OF PERFORMANCE

for BEN HILL GRIFFIN PKWY MONTHLY GROUNDWATER MONITORING

(Enter Project Name from Page 1 of the Change Order or Supplemental Task Authorization Agreement)

SECTION 2.00 SUMMARY OF THE IMPACT OF CHANGE(S) IN PROFESSIONAL SERVICES ON THE OVERALL PROJECT TIME AND SCHEDULE OF PERFORMANCE

Pursuant to and in consideration of the changes in the Scope of Professional Services in this CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", the time and schedule the COUNTY and the CONSULTANT, or SERVICE PROVIDER, has previously agreed to for all of the work to be done under this Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

Name or Title of Phase and/or Task	Number of Calendar Days For Completion of Each Phase and/or Task	Cumulative Number of Calendar Days For Completion From Date of Notice to Proceed
Hydro Sonioos	450	150
nyulo Services	450	450
	of Phase and/or Task	Name or Title of Phase and/or Task Calendar Days For Completion of Each Phase and/or Task

☐ CHANGE ORDER AGREEMENT No Or SUPPLEMENTAL TASK AUTHORIZATION No. 17	EXHIBIT "CO/STA-D" Date: <u>9/16/03</u>			
CONSULTANT'S, OR SERVICE PROVIDER'S, ASSOCIATED SUB-CONSULTANT(S) AND SUBCONTRACTOR(S)				
for BEN HILL GRIFFIN PKWY MONTHLY GROUNDWATER MONITO	DRING			
(Enter Project Name from Page 1 Change Order or Supplemental Task Authoriz	of the zation Agreement)			
CONSULTANT, or SERVICE PROVIDER, intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT, or SERVICE PROVIDER, in providing and performing the services, tasks, or work required under this CHANGE ORDER, or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT.				
(If none, enter the word "none" in the sp	pace below.)			

Service and/or Work to be Provided or Performed	Name and Addre Individual or Firn	ess of 1		Disadvantaged, Minority or Women Business Enterprise, (If Yes, Indicate Type)		Sub-Consultant Services are Exempted from Prime Consultant's Insurance Coverage			
2	none			Yes	No	Туре	Yes	No	-
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CHANGE ORDER AGREEMENT No	
or SUPPLEMENTAL TASK AUTHORIZATION No. <u>17</u>	EVI 11017 1100 (0774 F1)
	EXHIBIT "CO/STA-E"
	Date: <u>9/16/03</u>
PROJECT GUIDELINES AND CRITERIA	
for BEN HILL GRIFFIN PKWY MONTHLY GROUNDWA	TER MONITORING
(Enter Project Name from Page Change Order or Supplemental Task Author	1 of the rization Agreement)
As a supplement, or change, to the Project Guideli Professional Services Agreement, or Service Provider Agreement, or Service as a Service Provider Requirements which shall serve as a SERVICE PROVIDER, in performing the professional service set forth herein SUPPLEMENTAL TASK AUTHORIZATION AGREEMEN hereto:	eement, Exhibit "E", the COUNTY Dbjectives, Constraints, Schedule, guide to the CONSULTANT, or ices, tasks, or work to be provided before in CHANGE ORDER or
(If none, enter the word "None" in the	space below.)
ITEM No. 1 none	

CMO:029 09/25/01

Water Resource Solutions

428 Pine Island Road SW • Cape Coral, Florida 33991

239 574-1919 Fax: 239 574-8106

September 16, 2003

Ms. Elizabeth Walker Lee County Board of County Commissioners PO BOX 398 Fort Myers, FL 33902

RE: Monthly Monitoring of Four Wells on Ben Hill Griffin Parkway WRS Proposal # P03-11304.01

Dear Ms. Walker:

Pursuant to your request please accept this correspondence as the Water Resource Solutions (WRS) proposal to provide consulting services for the monthly monitoring of the four monitoring wells located on Ben Hill Griffin Parkway, as required by the South Florida Water Management District's (SFWMD) water use general permit # 36-03909-W Limit Condition # 21. The four monitoring wells are for monitoring the water quality in the surficial aquifer.

The proposed work includes the measuring of water levels, purging and sampling the four monitoring wells, analyzing the samples for dissolved chlorides and conductivity, and submitting brief monthly reports to the District and Lee County. Since a comparison of costs for using Lee County Labs versus WRS' in-house laboratory was requested, both an in-house cost proposal and a cost proposal using the Lee County Environmental Lab have been included. A more detailed proposed work scope and cost proposal is provided below.

Please note that this proposal is intended to cover a period of 15 months. Our ongoing monitoring program contracts are structured on a calendar year basis, and therefore this proposal covers the remainder of this year and then all of 2004. Prior to December 31, 2004 we will review costs and prepare a proposal for the year 2005 monitoring.

Proposed Work Scope

- 1. Measure water levels in each of the 4 monitoring wells on a monthly basis for a period of 15 months commencing October 1, 2003.
- 2. Purge and sample each well monthly for dissolved chlorides and conductivity.
- 3. Sample analysis.
- 4. Prepare a brief monthly report summarizing the water level and water sampling results to the SFWMD and Lee County.

/	Cost Proposal using the in-house lab		
	<u>Item</u>	Amount	
	1. Measure water levels (4 wells)	\$130.00	
	2. Purge and sample 4 monitoring wells	\$260,00	
	3. Analyze samples (4 wells – in-house)	\$65,00	
	4. Brief monthly report to SFWMD	\$97.50	
	Monthly Cost:	\$552.50	
	Total Cost for Initial 15 month Period:	\$8287.50	
	3. Analyze samples (4 wells – in-house) 4. Brief monthly report to SFWMD Monthly Cost:	\$65.00 \$97.50 \$552.50	

Cost Proposal using Lee County Lab

<u>Item</u>	Amount
1. Measure water levels (4 wells)	\$130.00
2. Purge and sample 4 monitoring wells	\$260.00
3. Analyze samples (4 wells – LC Lab)	\$135.00
4. Brief monthly report to SFWMD	\$130.00
Monthly Cost	\$655.00
Total Cost for Initial 15 month Period:	\$9,825.00

The additional costs for using Lee County Laboratory are due to increased travel time, coordination, and reviewing analytical results.

Do not hesitate to call should you have any questions or comments regarding any aspect of this proposal.

Sincerely,

Craig Boomgaard

Project Hydrogeologist