

**FIRST ADDENDUM TO CONTRACT FOR SERVICES  
BY INDEPENDENT CONTRACTOR**

THIS FIRST ADDENDUM is to that Contract for Services entered into on July 1, 2021 by and between the County of Siskiyou (“County”) and Lawrence & Associates, Inc. (“Contractor”) and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Contract expired on December 31, 2022 and services continued to be required after that date; and

WHEREAS, the parties desire to extend the term of the Contract;

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract.

WHEREAS, the Scope of Service, Exhibit A, needs to be repealed and replaced to reflect additional duties and compensation.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the Contract through December 31, 2023.

Paragraph 3.01 of the Contract, Scope of Services, Exhibit “A” shall be deleted and replaced in its entirety with the new Exhibit “A”, Scope of Services, attached hereto and hereby incorporated by reference

Paragraph 4.01 of the Contract, Compensation, shall be amended to add an additional Ninety-Six Thousand, Four Hundred, Thirty-Two Dollars and No/100 cents (\$96,432.00), to increase the compensation payable under the Contract to an amount not to exceed Two Hundred, Four Thousand, Nine Hundred, Twenty and No/100 cents (\$204,920.00), for the term of the Contract.

All other terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, County and Contractor have executed this First addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: \_\_\_\_\_

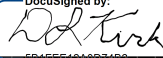
\_\_\_\_\_  
ED VALENZUELA, CHAIR  
Board of Supervisors  
County of Siskiyou  
State of California

ATTEST:  
LAURA BYNUM  
Clerk, Board of Supervisors

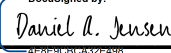
By: \_\_\_\_\_  
Deputy

CONTRACTOR: Lawrence & Associates. Inc.

Date: 4/27/2023

DocuSigned by:  
  
\_\_\_\_\_  
David L. Kirk, Principal / Vice President

Date: 4/27/2023

DocuSigned by:  
  
\_\_\_\_\_  
Daniel A. Jensen, Vice President

License No.: 69135  
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. 94-2661102

ACCOUNTING:  
Fund 2103 Organization 301010 Account 723000 Activity Code (if applicable)

Encumbrance number (if applicable): E2200318

If not to exceed, include amount not to exceed: \$204,920.00

*If needed for multi-year contracts, please include separate sheet with financial information for each fiscal year.*



P05162.18, Task 3 and 7

March 16, 2023

Ms. Teresa Ferrari  
Siskiyou County Department of Public Works  
P.O. Box 1127  
Yreka, California 96097

Dear Teresa:

**SUBJECT: PROPOSAL FOR 2023 (12 MONTH) CORRECTIVE ACTION MAINTENANCE, GROUNDWATER AND SOIL-GAS MONITORING BUDGET, TULELAKE DISTRICT SHOP, 647 MAIN STREET, TULELAKE, CALIFORNIA**

This letter serves as our proposal to maintain current corrective action measures at the Tulelake District Shop, 647 Main Street, Tulelake, California, pursuant to ongoing directives from Mr. Cody Walker of the North Coast Regional Water Quality Control Board. These measures include weekly monitoring and maintenance of the groundwater-treatment system (ozone-injection system) and oxygen and volatile organic compounds in soil gas; semi-annual groundwater and soil-gas monitoring and reporting (2nd-Half 2022, 1st-Half 2023 and 2nd-Half 2023); and preparing reimbursement requests forms for the California Underground Storage Tank Cleanup Fund (USTCF), which reimburses costs associated with the monitoring and remediation of your site.

The cost of the work is estimated to be \$96,432 for a 12-month period. This estimated cost reflects current USTCF hourly labor rates, mileage rates, and allowable mark up percentage (10%) on laboratory costs and materials. The estimate also includes the 2023 estimated waste-discharge permit fee of \$15,590 for 2023 (without markup).

If you would like us to perform this work, please attach this letter to your authorization and furnish us a signed copy or copies to authorize.

Please contact me at (530) 275-4800 or [dkirk@lwrnc.com](mailto:dkirk@lwrnc.com) if you have any questions regarding this proposal.

Sincerely,

A handwritten signature in black ink that reads 'David L. Kirk'.

David L. Kirk  
Principal/Senior Geologist

enc. Attachment A – SCHEDULE OF FEES (2018 USTCF RATES)



## ATTACHMENT A - SCHEDULE OF FEES (2018 USTCF RATES)

### PROFESSIONAL SERVICES

Engineering Geologist/Hydrogeologist	
Principal .....	\$182/hour
Senior .....	\$152/hour
Associate .....	\$131/hour
Staff .....	\$109/hour
Assistant .....	\$85/hour
Engineer	
Principal Engineer .....	\$182/hour
Senior Registered Civil .....	\$152/hour
Associate Civil .....	\$131/hour
Assistant Civil .....	\$109/hour
Engineering Technician.....	\$75/hour
AutoCAD Operator (Level I) .....	\$80/hour
AutoCAD Operator (Level II) .....	\$60/hour
Field Technician .....	\$102/hour
Project Manager .....	\$152/hour
Laborer.....	\$139.00/hour
Surveyor .....	\$70/hour
Tank Fund Administrator .....	\$55/hour
Clerical .....	\$65/hour

### DEPOSITION AND COURT APPEARANCES

Minimum charge.....	\$1200 part or full day
Deposition Rate .....	\$150/hour
Preparation at consulting-service rates .....	as listed above

### DRILLING SERVICES (CME-55 DRILLING RIG)

7-5/8 and 9-5/8-inch OD augers with operator and helper .....	(See drilling schedule of fees)
Mobilization .....	

### OTHER IN-HOUSE EQUIPMENT

Test pumps (submersible, through 5 HP) .....	quoted/job
Campbell 21X data loggers w/ transducers (water and gas).....	quoted/job
Conductivity, oxygen, temperature and dissolved oxygen probes.....	quoted/job
Meteorological station (wind direction and velocity).....	quoted/job
Gas-extraction and air-monitoring pumps .....	quoted/job
Mileage .....	\$0.62
Mileage (drilling rig) .....	\$0.62
Per diem (per person/day; may vary dep. upon location) .....	\$124/day
Level D protection (per person/day).....	\$30/day
Level C protection (per person/day) .....	\$50/day
Survey equipment (per day).....	\$50/day
GPS Survey (per day).....	\$150/day

### EXPENSES, MATERIALS, OUTSIDE SERVICES

All direct-job related expenses: reproduction, rental equipment, materials, subcontracted labor and equipment.....	at cost + 10%
All direct-job permits, electrical services and regulatory fees.....	at cost (no markup)
Laboratory expenses .....	at cost + 10%



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/21/2022

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 License # 0603247</b> George Petersen Insurance Agency, Inc. 2920 Bechelli Lane Redding, CA 96002		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(530) 244-9400</b> E-MAIL ADDRESS: <b>info@gpins.com</b> FAX (A/C, No): <b>(530) 244-9444</b>	
<b>INSURED</b>  Lawrence & Associates Inc 3590 Iron Ct Shasta Lake City, CA 96019		INSURER(S) AFFORDING COVERAGE <b>INSURER A : State Compensation Insurance Fund</b> NAIC # <b>35076</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N    N / A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>1968162-21</b>	<b>7/1/2022</b>	<b>7/1/2023</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>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: Proof of Coverage**

<b>CERTIFICATE HOLDER</b>  Siskiyou County P.O. Box 1127 Yreka, CA 96097	<b>CANCELLATION</b>  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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