

Revised March 01, 2022 Ardaman Proposal No. 22-039

Collier County Coastal Zone Management Growth Management Department 2685 South Horseshoe Drive, Unit 103 Naples, FL 34104

Attention: Ms. Farron Bevard

**Operations Analyst** 

Subject: Sediment Compliance Criteria Testing Services

Wiggins Pass / Doctors Pass Dredge 2021-2022 Contract No. 18-7432-TE – PSL – Testing Category

Dear Ms. Bevard:

As requested, Ardaman & Associates, Inc. (Ardaman) is pleased to submit this quote to perform the laboratory testing on the sand materials sampled by your site representative. The samples will be delivered to our lab.

Samples will be evaluated for Munsell color (Value (Chroma = 1) of 7 or lighter), silt (minus #230 sieve, maximum 3%) and shell content (plus #4 sieve, maximum 1%) and screened using the following U.S. Standard Sieve Numbers: 3/4", 5/8", 7/16", 5/16", 3.5, 4, 5, 7, 10, 14, 18, 25, 35, 45, 60, 80, 120, 170, 200 and 230. Selected samples will be tested for carbonate content. In addition, mean grain-size (compliance range 0.30mm - 0.50mm) will be calculated by moment method and sorting value will be calculated.

Our laboratory results will be summarized on a grain-size distribution report that will include the Sample Number, Mean Grain-Size (mm), Sorting Value (phi), Silt Content (%), Carbonate Content (%) and Munsell Color.

Costs for these tests will be as follows (Estimate):

Construction Location	Wiggins Pass	Doctors Pass	Sub-Total	Unit Rate	Cost
Number of Required Sieve Samples (no Carbonates testing)	12	5	17	\$245.00	\$4,165.00
Number of Required Carbonate Samples (no Sieves analysis)	4	2	6	\$205.00	\$1,230.00
				Total	\$5.395.00

This proposal is offered for an acceptance period of 90 days following its submittal to you. After this time, the proposed costs may be subject to change. At your request, after the acceptance period has elapsed, we will re-evaluate our proposal, and reissue it reflecting changes in work scope and cost, if necessary.

We estimate that it will take 45 days to complete testing for the samples subject of this proposal. This time is estimated from the date samples are received by our laboratory in Fort Myers.

If this quote meets with your approval, please authorize us to proceed by issuing us a Work Order or Purchase Order.

We appreciate the opportunity to offer our services to your project and look forward to working with you. Should you have any questions regarding this proposal, please do not hesitate to contact this office.

Very truly yours,

ARDAMAN & ASSOCIATES, INC.

A. Jamie Peters CMT Coordinator Ivan Sokolic, P.E. Senior Engineer / Branch Manager



## PROPOSAL/PROJECT ACCEPTANCE AND AGREEMENT

## PROJECT INFORMATION: Client Name: Project Name: Proposed Project: Field and Laboratory Testing Services Site Located at Sediment Compliance Criteria Testing Services, Collier County, Florida Project Location: Proposal Number and Date: 22-039 - March 01, 2022 Construction Materials Testing Description of Services: Suggested Fees: \$5,395; To be invoiced in accordance with attached unit rates for actual services rendered PROPERTY OWNER IDENTIFICATION: Name: Property Identification Number: \_\_\_\_\_\_ Address: Phone: City/State: Zip Code: Title: Attention: **SPECIAL INSTRUCTIONS:** Report(s) Recipient's E-mail Address: **PAYMENT TERMS:** Payment shall be due within 30 days after date of each periodic invoice. Interest at the rate of 18% per annum (or the highest rate allowable by law) shall accrue on all amounts not paid within 30 days after date of invoice. All attorney fees and expenses associated with collection of past due invoices will be paid by Client. Failure to timely pay any invoice shall constitute a waiver of any and all claims arising from or related to Ardaman & Associates, Inc.'s services, including but not limited to the services described in this Proposal. PROPOSAL ACCEPTANCE: By accepting this Proposal, the Terms and Conditions of this Proposal, including the Terms on this page are incorporated herein by reference. In the event this Proposal Acceptance was received by facsimile, Client hereby confirms that the above-described Proposal, the Terms and Conditions of this Proposal, including the Terms on this page, and Ardaman & Associates, Inc.'s General Conditions have been made available and are incorporated in this agreement. Accepted this \_\_\_\_ day of \_\_\_\_\_\_, 2022. (Print or type individual, firm or corporate body name) (Signature of authorized representative) (Print or type name of authorized representative and title) BILLING ADDRESS OF SIGNEE (include phone and fax number):

Phone: Fax/Email: