

Task Order #5
 TO CONTRACT AGREEMENT
 BETWEEN
 CITY OF HARAHAH AND COMPLIANCE ENVIROSYSTEMS (CES)

THIS IS **TASK ORDER #5** effective as of 5-16-17 ("Effective Date") attached to and made part of the Contract Agreement dated August 11, 2015, between **Compliance EnviroSystems, LLC (CES)**, (CONTRACTOR), and **City of Harahan (OWNER)**.

CONTRACTOR agrees to provide services for the OWNER as described below:

1. Scope of Services

CONTRACTOR shall provide **Storm Drain Line and Catch Basin Inspection and Cleaning Services** for the **1st Block from Riverside Dr. on O K Ave., and the Block of Donelon Dr., between Stoneleigh Dr. and Matson St., Harahan encompassing approximately 1,500 linear feet of Storm Drain lines and 9 Catch Basins/Drop Inlets including, but not limited to street segments, and corresponding Storm Drain line lengths per the attached Exhibit "A" Vicinity Maps, ("Services")**. CES shall coordinate with the City of Harahan prior to any work being executed. **CES shall contact Edwin Lauricella (504-382-2869) within 48 hours of commencement of work.** Within the NOT TO EXCEED amount established, Edwin Lauricella may direct CES to other drain lines to be cleaned. This project will include Storm Drain Line cleaning and root removal. Due to standard operating procedure of CES, root removal requires inspection survey utilizing closed circuit television (CCTV). This is to ensure CES only cut roots and no other utilities that have bored through the existing drain lines. The information obtained shall be analyzed. All data shall be compiled and transmitted in Microsoft Word or Excel format, unless otherwise approved prior to submission.

2. Compensation

2.1. Clean and CCTV Storm Drain Line Pipe: All costs associated with cleaning and CCTV inspection of storm drain lines, including standard cleaning, and submissions including DVD and report. Traffic control, if necessary, shall also be included at no direct pay. CONTRACTOR will be paid for the actual linear footage of pipe inspected and the ancillary services provided at the unit rates specified below:

BASIS OF COMPENSATION					
ITEM No.	ITEM DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL PRICE
0010	Cleaning Catch Basin	EA	8	\$184.00	\$1,472.00
0025	Cleaning Drop Inlet Size Less Than or Equal to 20 In. x 20 In.	EA	13	\$20.00	\$260.00
0050	Clean 15" to 18" drainage pipe	L.F.	1500	\$2.00	\$3000.00
0150	Root Removal for 15" to 21" drainage pipe	L.F.	1500	\$1.00	\$1500.00
(New)	CCTV 15" to 21" drainage pipe	L.F.	1500	\$1.50	\$2,250.00
				TOTAL	\$8,482.00

TASK ORDER 5, COMPLIANCE ENVIROSYSTEMS, LLC

OWNER shall pay CONTRACTOR an amount NOT TO EXCEED **\$ 8,500.00** as compensation for Services performed ("Compensation").

CONTRACTOR shall provide written notification to the OWNER when the NOT TO EXCEED amount reaches full utilization.

- 2.2. To complete the work, meetings and correspondence will be required to coordinate and communicate the various aspects involved in completing this project. **These meetings are included in the compensation listed above.** The time and mileage for these trips plus all other expenses incurred during this project that might be considered **reimbursable shall not be paid separately**, but may be included in the appropriate phase listed above. Daily time sheets and a log of activity are required for all linear foot based payments.
- 2.3. If Additional Services are required, a separate Change Order must be agreed upon and executed by both parties prior to the Owner making compensation to the CONTRACTOR for additional services. If both parties agree, work may begin prior to Task Order execution upon written directive from the OWNER.

3. Payment Procedures

3.1. Preparation of Invoices:

CONTRACTOR shall submit a standard monthly invoice describing the Services performed during the preceding month. Invoices shall be submitted to Mr. Calvin Hoppmeyer, City of Harahan.

4. Project Schedule

- 4.1. The following Schedule for each phase of the work shall be in effect upon execution of the Notice-To-Proceed and be based on the table below:

Task	Task Name	Duration Calendar Days	Total Duration Calendar Days
1	Field Testing Phase	7	7
	TOTAL DURATION:		* 7 Days

* Total Duration does not include Owner reviews or rain delay days.

5. CONTRACTOR'S Responsibilities

- 5.1. CONTRACTOR shall designate a Project Manager for the performance of the Services.
- 5.2. CONTRACTOR shall perform the Services as an independent contractor and not as OWNER'S agent or employee.

- 5.3. CONTRACTOR shall be solely responsible for the compensation, benefits, contributions, and taxes, if any, of its employees and agents.
- 5.4. CONTRACTOR shall periodically visit the Project site as part of its Services to determine if construction is progressing in general conformance with the contract documents. Such periodic visits and any observations made by CONTRACTOR during such periodic visits shall not make CONTRACTOR responsible for, nor relieve the construction contractor of the sole responsibility for all means, methods, techniques, sequences, and progress of construction, and the health and safety precautions incidental thereto and for performing the construction in accordance with the contract documents.

6. Suspension

OWNER may, at any time and without cause, suspend the Services of the CONTRACTOR, or any portion thereof, for a period of not more than 30 days by notice in writing to CONTRACTOR. CONTRACTOR shall resume the Services on receipt of written notice from the OWNER.

This Task Order #4 constitutes the entire Task Order #4 including the Contract Agreement between City of Harahan and CES and supersedes all prior written or oral understandings. The Contractor shall be bound by the conditions of the Contract in the prosecution and completion of the work.

This Task Order #4 may only be amended, supplemented, modified, or canceled by a duly executed written instrument.

IN WITNESS WHEREOF, the parties hereto have executed this Task Order #4, the Effective Date of which is indicated on page 1.

OWNER:

Tina Miceli
Signature
Tina Miceli
Printed Name
Mayor
Title

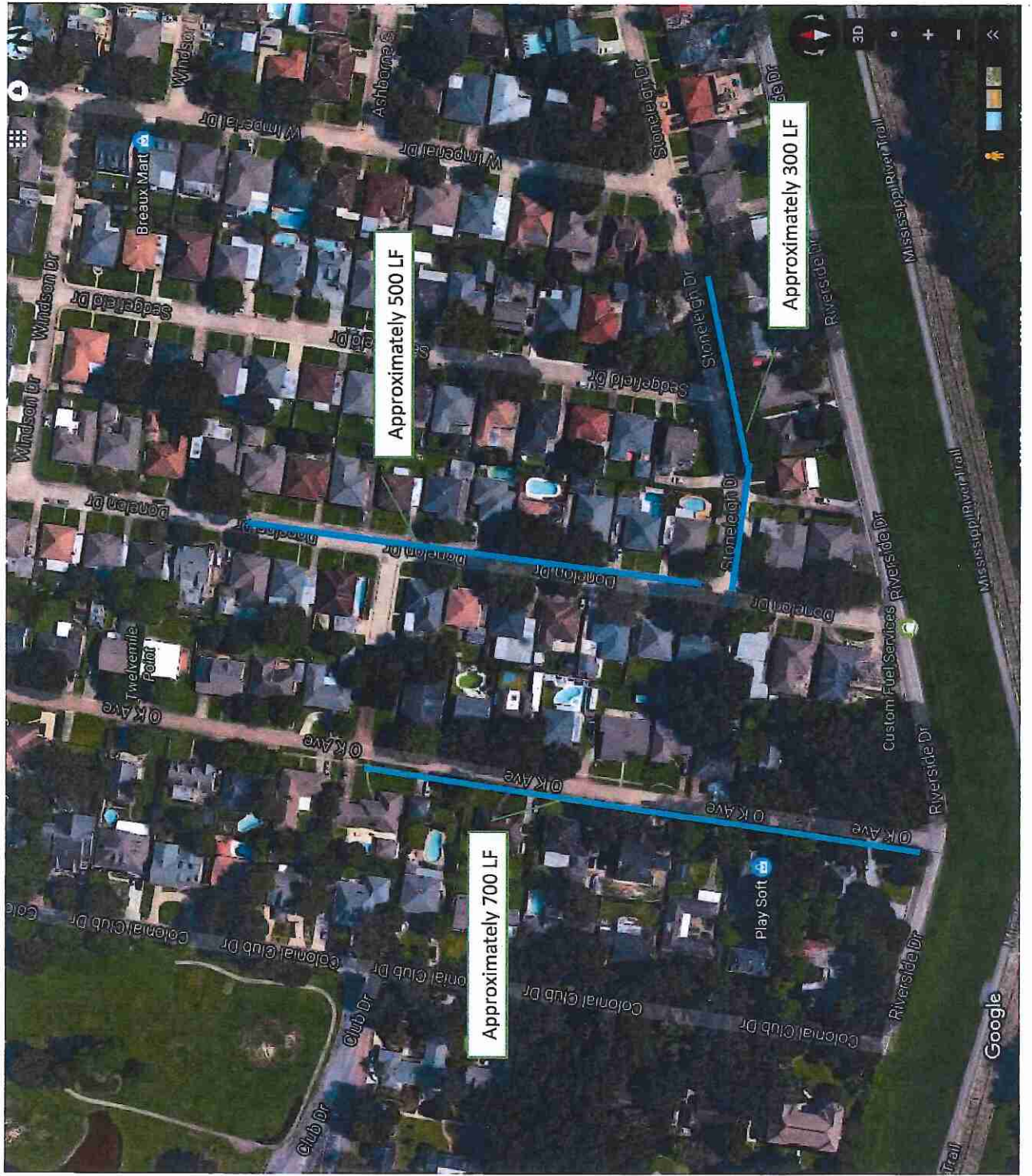
CONTRACTOR:

John Hardy
Signature
Joshua Hardy
Printed Name
Vice President
Title

Date Signed: 5-15-17

Date Signed: 5/11/2017

Exhibit "A"





CERTIFICATE OF LIABILITY INSURANCE

COMPL-1

OP ID: JD

DATE (MM/DD/YYYY)
05/11/17

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 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).

PRODUCER Blumberg and Associates, Inc. P. O. Box 82030 Baton Rouge, LA 70884 John S. Daly	225-767-1442	CONTACT NAME:	
	225-767-0806	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Travelers Insurance Company	NAIC # 19070
INSURED Compliance Enviro Systems, LLC (See notepad attached for completed named insured and additional information) 1401(A) Seaboard Ave. Baton Rouge, LA 70810	INSURER B : Columbia Casualty		
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		6308E556938	09/21/16	09/21/17	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		8108E556938	09/21/16	09/21/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	CUP8E556938	09/21/16	09/21/17	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		UB8E556938	09/21/16	09/21/17	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<input type="checkbox"/> POLLUTION LIAB.		6018608945	09/21/16	09/21/17	Each Occ. 2,000,000
						Aggregate 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is an additional insured on the GL & Auto policies and granted a waiver of subrogation on the GL, Auto & WC policies if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Parish of Jefferson State of Louisiana P. O. Box 10 Gretna, LA 70054	PARI006	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 John S. Daly

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NOTEPAD

INSURED'S NAME **Compliance Enviro Systems, LLC**

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OP ID: JD

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DATE **05/11/17**

COMPLETE NAMED INSURED READS:
COMPLIANCE ENVIROSYSTEMS, LLC; TRICON, LLC; PRP SERVICES, LLC;
JUNIOR PARTNERS, LLC; COMPLIANCE ENVIROSYSTEMS MEMPHIS, LLC; CES
HATTIESBURG, LLC

WORKERS COMPENSATION STATES COVERED ARE:
LA, GA, NC, AL, TN, TX, KY, FL, VT, DE, SC, MS, MD, DC & HI

WORKERS COMPENSATION POLICY PROVIDES OTHER STATES ENDORSEMENT WHICH
APPLIES TO ALL STATES AND DISTRICT OF COLUMBIA EXCEPT: ND, OH, WA AND
WY.

PROFESSIONAL LIABILITY - CARRIER: COLUMBIA CASUALTY COMPANY;
EFFECTIVE DATES: 09/21/16 to 09/21/17; POLICY #6018608945 ; LIMITS:
\$2,000,000 OCCURRENCE; \$4,000,000 AGGREGATE LIMIT; CLAIMS MADE.

EQUIPMENT RENTED OR LEASED - 200,000 LIMIT PER ITEM / 200,000 OCCURENCE -
POLICY #6308E556938 - EFFECTIVE DATES: 09/21/16 to 09/21/17 - INSURANCE
CARRIER: TRAVELERS INSURANCE COMPANY