

May 28, 2024

Mayor Guy Titus Board of Public Works and Safety 10 South State Street Greenfield, IN 46140

Re: Greenfield Wastewater Utility – Waterview Sanitary Sewer Lining Project

Mayor and Board Members,

The contractor working on the Waterview Sanitary Sewer Lining Project has requested a 30 day extension on their contract in order to complete the project. This extension is needed because there were some lateral connections that were re-established during the lining of the sewer mains that are no longer in use and were intended to remain sealed off once the liners were installed. The additional time is needed to reline these areas. This change order is only for extension of time and there is no cost associated with this request.

At this time, I am requesting that the Board approve the request from Insight Pipe Contractors, LLC for the 30 day extension in contract time with no change in contract cost. The new substantial completion date for the project will be June 10, 2024 and a final completion date of July 5, 2024. All other terms of the contract shall remain as originally agreed upon. A copy of the change request has been included for your review. Please let me know if there are any questions or if any other information is needed at this time

Best Regards,

Nicholas Dezelan, CHMM, ASP Wastewater Utility Manager

## CITY OF GREENFIELD

TO:		CONTRACT CHANGE REQUEST NO.: DATE:	
		DATE:	
FROM	M:		
	REQUESTED THAT A CONTR TRACT.	ACT CHANGE BE MADE TO THE ABOVE REFERENCED	
1.	CONTRACTS INVOLVED )	OPE OF WORK (USE ADDITIONAL PAGES IF REQUIRED. ALSO LIST OTHER NTRACTS INVOLVED.)  Request for 30-bay Extension from 5/10/24 completer-	
2.	REASON FOR CHANGE:  Add: How work for	er Spot Lines / Lateral Lowers	
3.	APPROXIMATE COST CHANGE TO CONTRACT PRICE:		
4.	WILL THE CONTRACT NEED ADDITIONAL CONTRACT TIME TO COMPLETE THE CHANGE IN WORK SCOPE?YESNO _\$\mathcal{Z}\oldsymbol{o}\\text{(CALENDAR DAYS)}		
5.	WILL THE CONTRACTOR NEED ADDITIONAL PERSONNEL TO COMPLETE THE CHANGE IN WORK SCOPE?YESNO		
	IF NO, TRADE(S):		
	NO. OF PERSONNE	EL:	
	DURATION:		
6.	IDENTIFICATION OF ATTACHMENTS:		
DATE	E: D	ATE:	
PREPA	PARED BY: UBCE	ATE:  REVIEWED BY:  Project Manager	
Comm	ments and Recommendation:		