

Contract summary Form:

BC-08-

Complete the information below, print this form, obtain the signature of the authorized department representative and submit this form to the Clerk of the Board with the contract package.

Fiscal Year.....: 2007/2008
 Budget Unit Number.....: 054
 D3. Requisition Number.....:
 D4. Department Name.....: Public Works (Resource Recovery)
 D5. Contact Person.....: JOHN HAINES
 D6. Phone Number.....: (805) 882-3627

K1. Contract Type.....: Construction
 K2. Brief Summary of Contract Description or (Title).....: THE CONSTRUCTION OF THE PHASE II A GROUNDWATER PROTECTION SYSTEM AT THE TAJIGUAS SANITARY LANDFILL IN THE COUNTY OF SANTA BARBARA
 K3. Original Contract Amount (Gross Amount).....: 7,035,255.95
 K4. Contract Begin Date (First Working Day).....: APRIL 28, 2008
 K5. Notwithstanding the provisions in Sections 8-1.05 and 8-1.06 of the Standard Specifications the Original Contract End Date will be (Last Working Day).....: NOVEMBER 10, 2008
 K6. This Amendment Number.....:
 K7. Total Previous Amendments.....:
 K8. This Amendment Amount.....:
 K9. Revised Total Amount.....:
 K10. Revised End Date (Last Working Day).....:
 K11. Departmental Project Number.....: 828348

B1. Is this a Board Contract (Yes/No).....: YES
 B2. Number of Workers Displaced.....: None
 B3. Number of Competitive Bids.....: 8
 B4. Lowest Responsible Bid Amount.....: 6,688,339.00
 B5. If Board waived bids, show agenda date.....:
 B6. If Board waived bids, show agenda item number.....:
 B7. Boilerplate Contract Text Unchanged.....: Approved Public Works Engineering Section Construction Contract

F1. Encumbrance Transaction Code.....: N/A
 F2a. Current Year Encumbrance Amount.....:
 F2b. Current Year Encumbrance Amount.....:
 Department Number.....: 054
 Division Number (If Applicable).....:
 F5. Subdivision Number (If Applicable).....:
 F6. Program.....: 1750
 F7a. Org. Unit (If Applicable).....:
 F7b. Org. Unit (If Applicable).....:
 F8. Fund Number.....: 1930
 F9a. Account Number.....: 8200
 F9b. Account Number.....:
 F10. Area.....:
 F11. Cost Center number (If Applicable).....:
 F12. Payment Terms.....: Net 30

V1. Auditor Vender Number.....:
 V2. Payee/Contractors Name.....: RAMINHA CONSTRUCTION, INC.
 V3. Mailing Address.....: 6805 SYCAMORE ROAD
 V4. City.....: ATASCADERO
 V5. State.....: CA
 V6. Zip (include +4 if known).....: 93422
 V7. Company Telephone Number.....: (805) 461-0052
 V8. Federal Tax ID (EIN or SSN).....: 54-2102689
 V9. Contact Person.....: DAVID RAMINHA
 V10. Contact Person's Telephone Number.....: (805) 440-1044
 V11. Workers Comp Insurance Expiration Date.....:
 V12. General liability Insurance Expiration Date.....:
 V13. Contractor's License Number and Type.....: 469531 A
 V14. Professional License Number and Type.....:
 V15. Verified By.....:
 V16. Company Type.....: CORPORATION
 V17. Accounting Contact Person and Phone.....: Colleen Hankins (805) 882-3610

This information has been reviewed and is complete and accurate as presented. Concurrences as required by signature on the contract signature page.

Date: 4.3.08

Authorized Signature:



Contract Summary Form: Contract Number: BC-08-094

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year: FY 2007/2008 and 2008/2009
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).....: 1930 (054-05-01-1050-1 / 054-05-01-1050-0)
D3. Requisition Number.....:
D4. Department Name: Public Works
D5. Contact Person: John Haines
D6. Phone: 805-882-3627

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Contract Management and Engineering for Tajiguas IIA
K3. Original Contract Amount: \$290,717.00
K4. Contract Begin Date.....: March 18, 2008
K5. Original Contract End Date.....: March 31, 2009
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

K7. Department Project Number.....: 828348

B1. Is this a Board Contract? (Yes/No): Yes
B2. Number of Workers Displaced (if any): None
B3. Number of Competitive Bids (if any).....: N/A
B4. Lowest Bid Amount (if bid): \$290,717.00
B5. If Board waived bids, show Agenda Date.....: N/A
B6. ... and Agenda Item Number: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶).....: Yes

F1. Encumbrance Transaction Code: N/A
F2. Current Year Encumbrance Amount.....: N/A (Enterprise Fund)
F3. Fund Number.....: 1930
F4. Department Number: 054
F5. Division Number (if applicable):
F6. Account Number: 8200
F7. Cost Center number (if applicable).....: N/A
F8. Payment Terms: Net 30

V1. Vendor Numbers (A=uditor; P=purchasing).....:
V2. Payee/Contractor Name.....: SWT Engineering, Inc.
V3. Mailing Address: 268 North Lincoln Avenue, Suite 1
V4. City State (two-letter) Zip (include +4 if known): Corona, CA 92882
V5. Telephone Number: (951) 736-1010
V6. Contractor's Federal Tax ID Number (EIN or SSN): 26-1253219
V7. Contact Person.....: Michael Cullinane
V8. Workers Comp Insurance Expiration Date: 8/23/2008
V9. Liability Insurance Expiration Date[s] (G=ent; P=rofl): 8/23/2008
V10. Professional License Number.....: #41981
V11. Verified by (name of County staff).....: Colleen Hankins
V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature 4/2/08 Mark Schleid

Contract Summary Form:

Contract Number : BC - 08 - 097 -

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year: FY 2007/2008 and 2008/2009
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's).....: 1930 (054-05-01-1050-1 / 054-05-01-1050-0)
D3. Requisition Number.....:
D4. Department Name.....: Public Works
D5. Contact Person.....: John Haines
D6. Phone.....: 805-882-3627

K1. Contract Type (check one): [] Personal Service [X] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose.....: Construction Quality Assurances Services for Tajiguas IIA
K3. Original Contract Amount.....: \$152,719.00
K4. Contract Begin Date.....: March 18, 2008
K5. Original Contract End Date.....: March 31, 2009

K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

K7. Department Project Number.....: 828348

B1. Is this a Board Contract? (Yes/No).....: Yes
B2. Number of Workers Displaced (if any).....: None
B3. Number of Competitive Bids (if any).....: N/A
B4. Lowest Bid Amount (if bid).....: \$152,719.00
B5. If Board waived bids, show Agenda Date.....: N/A
B6. ... and Agenda Item Number.....: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶).....: Yes

F1. Encumbrance Transaction Code.....: N/A
F2. Current Year Encumbrance Amount.....: N/A (Enterprise Fund)
F3. Fund Number.....: 1930
F4. Department Number.....: 054
F5. Division Number (if applicable).....:
F6. Account Number.....: 8200
F7. Cost Center number (if applicable).....: N/A
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=auditor; P=purchasing).....:
V2. Payee/Contractor Name.....: Geosyntec Consultants
V3. Mailing Address.....: 2100 Main Street, Suite 150
V4. City State (two-letter) Zip (include +4 if known).....: Huntington Beach, CA 92648
V5. Telephone Number.....: (714) 969-0800
V6. Contractor's Federal Tax ID Number (EIN or SSN).....: 592355134
V7. Contact Person.....: Chris Conkle
V8. Workers Comp Insurance Expiration Date.....:
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl).....:
V10. Professional License Number.....: #70923
V11. Verified by (name of County staff).....: Colleen Hankins
V12. Company Type (Check one): [] Individual [] Sole Proprietorship [X] Partnership [] Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : Authorized Signature 4/2/08 : Maria Schlad

Contract Summary Form: Contract Number: BC-08-106-

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year: FY 2007/2008 and 2008/2009
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's): 1930 (054-05-01-1050-1 / 054-05-01-1050-0)
D3. Requisition Number:
D4. Department Name: Public Works
D5. Contact Person: John Haines
D6. Phone: 805-882-3627

K1. Contract Type (check one): Personal Service Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: Engineering Services for Tajiguas IIA
K3. Original Contract Amount: \$29,934.00
K4. Contract Begin Date: April 15, 2008
K5. Original Contract End Date: March 31, 2009
K6. Amendment History (leave blank if no prior amendments):

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)
		\$	\$	\$		

K7. Department Project Number: 828348

B1. Is this a Board Contract? (Yes/No): Yes
B2. Number of Workers Displaced (if any): None
B3. Number of Competitive Bids (if any): N/A
B4. Lowest Bid Amount (if bid): \$29,934.00
B5. If Board waived bids, show Agenda Date: N/A
B6. ... and Agenda Item Number: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶): Yes

F1. Encumbrance Transaction Code: N/A
F2. Current Year Encumbrance Amount: N/A (Enterprise Fund)
F3. Fund Number: 1930
F4. Department Number: 054
F5. Division Number (if applicable):
F6. Account Number: 8200
F7. Cost Center number (if applicable): N/A
F8. Payment Terms: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing):
V2. Payee/Contractor Name: Geosyntec Consultants
V3. Mailing Address: 2100 Main Street, Suite 150
V4. City State (two-letter) Zip (include +4 if known): Huntington Beach, CA 92648
V5. Telephone Number: (714) 969-0800
V6. Contractor's Federal Tax ID Number (EIN or SSN): 592355134
V7. Contact Person: Neven Matasovic
V8. Workers Comp Insurance Expiration Date:
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl):
V10. Professional License Number: #70923
V11. Verified by (name of County staff): Colleen Hankins
V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: Authorized Signature Mart Schleich 4.2.08