CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#:	Innoprise Contract #:			
Year:	Amount:			
Department:				
Contract Type:				
Contractors Name:				
Contract Description:				

MAYOR Keith Pekau

VILLAGE CLERKJohn C. Mehalek

14700 S. Ravinia Avenue Orland Park, IL 60462 708.403.6100 OrlandPark.org



TRUSTEES

Kathleen M. Fenton
James V. Dodge
Patricia A. Gira
Carole Griffin Ruzich
Daniel T. Calandriello
Michael F. Carroll

December 10, 2018

Mr. Edward J. Cooney, PhD, P.E. E.Cooney Associates, Inc. 359 E. Webster Avenue Elmhurst, Illinois 60126

RE: Exhibit B – Property Assessment, 156th St and LaGrange Road to Master Services Agreement, dated September 1, 2014

Dear Mr. Cooney:

Enclosed is a copy of the signed proposal dated December 5, 2018 for the Property Assessment at 156th St and LaGrange Road, Orland Park, Illinois. Please attach this to the original Master Services Agreement dated September 1, 2014 as Exhibit B. All terms and conditions of the master agreement shall apply.

If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski

Purchasing & Contract Administrator

cc: Bill Cunningham John Ingram



Via Email

December 5, 2018

Mr. John Ingram Public Works Director Village of Orland Park 15655 S. Ravinia Avenue Orland Park, IL 60462

Re: Property Assessment, 156th Street & LaGrange Road

Dear John:

I would like to thank you for requesting a proposal from *E. Cooney Associates, Inc.* (*ECA*), to assist you with a limited Phase II Assessment of the 156th Street/LaGrange Road property located in Orland Park. Illinois (the Site). The purpose of the investigation is to better evaluate the possible presence of residual contaminants in soil, soil gas and groundwater. Based on my email correspondence with you and extensive experience on similar projects, I propose the following scope of work for your consideration.

- O Drill 6 8 representative locations from the Site to an approximate depth of 15 ft. Drilling will be accomplished using a Geoprobe. Samples will be screened using a photoionization detector (PID). Select soil samples will be tested for volatile organic compounds (VOCs), RCRA Metals, pH, and semivolatile compounds such as polyaromatic hydrocarbons (PAHs). In addition, samples may also be analyzed for other parameters to facilitate modeling should impacts be discovered.
- One existing groundwater monitoring well will be purged and evaluated to determine if this old well can be reused and sampled. In addition, if groundwater is encountered in soil boring locations, it will be sampled using a temporary well. Three discrete groundwater samples are planned, assuming groundwater is encountered during the work.
- o Approximately 10 shallow soils (one per 500 CY, depth 0 − 4 ft) will be collected. Certain samples will be analyzed for CCDD parameters such as VOCs, SVOCs, metal, pH, pesticide/herbicides, and/or PCBs.
- o A summary Phase II Report will be prepared following this evaluation.

The estimated cost for the proposed scope of work is \$16,500. The work can begin immediately and will take 4-6 weeks to complete. Please call me if you have any comments or questions.

Very truly yours,

Edward J. Cooney, Ph.D., P.E.

Accepted and Approved by:

Village of orland Park

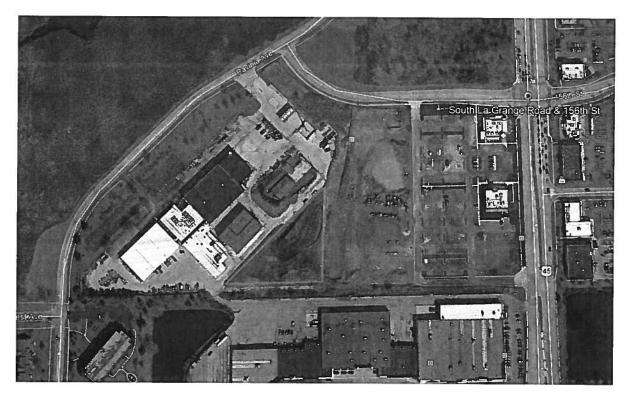
Joseph S. LaMargo

Village Manager

12-7-18

Date

Figure 1. Approximate Site Location



Client#: 845522 ECONEYA

$ACORD_{\scriptscriptstyle{ m I\! M}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/06/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

ting oci tinodic does not come, any rights to the certifi	ioute ficial in fied of odoff chaof sement(5).				
PRODUCER	CONTACT NAME:				
USI Ins Srvcs LLC Euclid-Prof	PHONE (A/C, No, Ext): 630 625-5224 FAX (A/C, No):	610 362-8900			
2021 Spring Road, Suite 100 Oak Brook, IL 60523	E-MAIL ADDRESS: amanda.bonacchi@usi.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
312 442-7200	INSURER A: Hartford Casualty Insurance Company	29424			
E. Cooney Associates, Inc.	INSURER B : Twin City Fire Insurance Company	29459			
	INSURER C : Crum & Forster Specialty Insurance Co.	44520			
15760 Willows Dr	INSURER D:				
Spring Lake, MI 49456	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 SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	COMMERCIAL GENERAL LIABILITY		83SBAUJ6885	09/25/2018	09/25/2019	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:						\$
Α	AUT	TOMOBILE LIABILITY		83SBAUJ6885	09/25/2018	09/25/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$						\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY		83WECPM2595	09/25/2018	09/25/2019	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)	IN / A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Pro	ofessional		PKC106752	09/28/2017	09/28/2019	\$1,000,000 each clai	im /
	Lia	bility					\$2,000,000 annual a	ggr.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Professional Liability is written on a 'claims made' policy form.

The General and Auto Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Village of Orland Park; SWC 156th LLC and Location Finders International, Inc., only when there is a written contract that requires such status, and only with regard to work performed by the named insured.

CENTIFICATE HOLDEN	CANCELLATION			
Village of Orland Park 14700 S. Ravinia Ave Orland Park, IL 60462	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			
	- I L'hour			

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