FOR CONTRACT NO.: 03-0F590**4**

INFORMATION HANDOUT

MATERIALS INFORMATION

ROLLING OWNER CONTROLLED INSURANCE PROGRAM (ROCIP) MANUAL – PREBID VERSION

AERIALLY DEPOSITED LEAD SITE INVESTIGATION REPORT

SUMMARY OF SOIL BEARING COORDINATES

UNDERGROUND CLASSIFICATION

ROUTE: 3-SAC-5, 0.0/17.2

CALIFORNIA DEPARTMENT OF TRANSPORTATION

Rolling Owner Controlled Insurance Program (ROCIP)

Updated 03/24/10

ROCIP MANUAL

(Prebid Version)

ROLLING OWNER CONTROLLED INSURANCE PROGRAM (ROCIP)

ROCIP Manual

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Section 1

Overview

Welcome to the California Department of Transportation Rolling Owner Controlled Insurance Program.

The California Department of Transportation (Caltrans) has arranged insurance for certain construction projects under a "Rolling" Owner Controlled Insurance Program (ROCIP). A ROCIP is a consolidated insurance program that insures Caltrans, Construction Managers, the Contractor, eligible and enrolled subcontractors and other designated parties for Work performed at the Project Site.

The ROCIP requirements do not create any contractual relationship between the subcontractors and the Department. The Contractor shall be responsible for compliance with all ROCIP requirements for itself and eligible subcontractors of all tiers. Certain Contractors and Subcontractors are excluded from this ROCIP. These parties are identified in the definitions section of this manual and in Section 4.

Coverage under the ROCIP includes workers' compensation, general liability, and excess liability. This coverage shall be primary insurance for all construction activities performed at the job site. At its sole discretion, Caltrans may provide other insurance as appropriate.

See Section 8 of this manual for samples of forms that will assist you in identifying your insurance cost. The ROCIP Administrator (see p. 3) can assist in determining insurance costs.

Caltrans will pay the insurance premiums for the ROCIP coverages described in this manual. We recommend that you consult with your insurance representative to determine what modifications should be made to your insurance program due to ROCIP coverage for on-site construction activities.

Note

Insurance coverages and limits provided under the ROCIP are limited in scope and are specific to this project only. Your insurance representative should review this information. Any additional coverage you may wish to purchase will be at your option and expense.

About This Manual

The manual is designed to identify, define and assign responsibilities for the ROCIP.

What This Manual Does

This Manual:

- Generally describes the Caltrans ROCIP
- Identifies responsibilities of the various parties involved in the project
- Provides a basic description of the ROCIP operation
- Describes audit and administrative procedures
- Provides answers to basic questions about the ROCIP
- Will be updated as necessary

What this Manual Does Not Do

This Manual does not:

- Provide coverage interpretations
- Provide complete information about coverages
- Provide answers to specific claims questions

Specific questions about the ROCIP, its administration or the coverages provided should be referred to the appropriate party identified in the Project Directory section immediately following this introduction. A "Frequently Asked Questions" (FAQ) section of this manual (Section 9) includes responses to various common questions.

Disclaimer

The information in this manual is intended to outline the ROCIP Program. If conflict exists between this manual and the insurance policies or Contracts between Caltrans and Contractor, the policies or contracts will govern.

Key Information

This manual includes several important sections that provide quick reference information for contractors and subcontractors. Among these are:

- Project Directory: (p. 3) a listing of key contact people who can provide further information
- Definitions: (beginning on p. 4) a list of words used in the manual and their meanings
- Forms: (beginning on p. 21) copies of ROCIP forms and instructions for their use

Section 2

OCIP Project Directory

The following list includes key risk management and insurance personnel involved in the project.

Project Management

Caltrans District X
Street
Local town, CA 90000

Construction Manager – ..... xxx xxx-xxxx
Senior Resident Engineer ..... xxx xxx-xxxx

Caltrans Risk Management Administration

California Department of Transportation
1120 N Street, MS 44
Sacramento, CA 95814

Risk Management Administrator – Kha Hoang 916 654-4347

ROCIP Administration

Kaercher/Campbell & Associates Insurance Brokerage, LLC
1800 Century Park East, Suite 400
Los Angeles, CA 90067

ROCIP Program Manager – ..... xxx xxx-xxxx
Safety Manager – ..... xxx xxx-xxxx

Insurers

XYZ Insurance Company, Inc.
ABC Casualty Company

Section 3

Project Definitions

The following definitions apply to this project and to the descriptions of the ROCIP used in this manual.

Approved Additional Sites:	Storage yards or staging areas not at the site that are used solely in connection with performing work at the Project Site, approved by Caltrans and the insurer and scheduled on the insurance policies.
Caltrans	The California Department of Transportation
Certificate of Insurance:	A document providing evidence of the existence of coverage for a particular insurance policy or policies.
Confirmation Letter:	A letter issued by the ROCIP administrator that confirms acceptance of the applicant into the Owner's ROCIP.
Contract:	A written agreement between Caltrans and the Contractor for specific work. An agreement between a Contractor and any tier of subcontractor.
Contractor:	The person, firm, joint venture, corporation or other party that has a Contract with Caltrans to perform work at the Project Site.
Contractor deductible assessment:	The amount the Contractor or Subcontractor is responsible for paying as its contribution for settlement of an insured loss that is chargeable to the Contractor or subcontractor primarily responsible for causing any loss as determined by the ROCIP insurance company and Caltrans.
Employer:	Any individual, firm, or corporation that provides direct construction labor for work performed at the Project Site.
Enrolled Parties:	Eligible Contractors and Subcontractors that have submitted all necessary enrollment forms and have been accepted into the ROCIP as evidenced by a Confirmation Letter or Certificate of Insurance.
Excluded parties:	"Excluded Parties" are: (a) Architects, surveyors, engineers, and soil testing en-

gineers, and their consultants;

(b) Hazardous materials remediation, removal and/or transport companies and their consultants;

(c) Vendors, suppliers, fabricators, material dealers, truckers, haulers, drivers and others who merely transport, pickup, deliver, or carry materials, personnel, parts or equipment or any other items or persons to or from the Project site;

(d) Contractors and each of their respective Subcontractors who do not perform any actual labor on the Project site, during the term of the Contract;

(e) Persons or entities who are not Enrolled Parties;

(f) Any other persons or entities not specifically identified or who, whether or not they qualify as Enrolled Parties, are expressly excluded by Caltrans.

Insured: Caltrans, Enrolled Contractors and Subcontractors, the ROCIP Administrator and any other party so named in the insurance policies while performing construction activities at the job site.

Insurer: The insurance companies named on a policy or certificate of insurance that provide coverage for the ROCIP.

ROCIP: Rolling Owner Controlled Insurance Program – A coordinated insurance program providing certain insurance coverages as generally described in this manual and as defined in the insurance policies covering activities at the Project site.

ROCIP Administrator: Contractor hired by Caltrans to administer the ROCIP by performing activities related to enrolling and insuring participants in the program and providing related administrative services.

On-Site Activities: Those activities "at or emanating from" the project site

Project Site: "Project Site" shall mean those areas designated in writing by Caltrans for performance of the Work.

Subcontractor: Those persons, firms, joint ventures, corporations or other parties that enter into a Contract with a Contractor to perform Work relating to the Project.

Work: Operations as fully described in the Contract, performed at or emanating directly from the Project Site. Also, the entire completed construction or the various separately identifiable parts required to be furnished under the Contract documents.

Section 4

ROCIP Insurance Coverage

This chapter provides a brief description of ROCIP Coverages. Please refer to the actual policies for details of coverage, exclusions and limitations.

Covered Parties

Parties covered as named insureds include Caltrans, Enrolled Contractors and Subcontractors. Other parties may be included as additional insureds at Caltrans discretion and subject to insurer approval.

Parties Not Covered

Parties ineligible for coverage include those contractors or subcontractors involved *solely* in surveying, soil testing, loading, transporting and unloading materials, personnel, parts or equipment or any other items to, from or within the Site and suppliers and subcontractors performing hazardous waste remediation work.

Evidence of Coverage

Each Enrolled Contractor and Subcontractor will be issued an individual workers' compensation policy. The ROCIP Administrator will provide a Certificate of Insurance or copy of the policy evidencing general liability and excess liability to each Enrolled Contractor and Subcontractor, each of whom will be a named insured on the policies. Other documentation including forms, posting notices, etc., will be furnished to each Enrolled Contractor and Subcontractor. Complete copies of policies will be furnished to an authorized representative of each Enrolled Contractor and Subcontractor on request.

Description of ROCIP Coverages

The following sections describe the policies that Caltrans has arranged for this project.

Each Enrolled Contractor and Subcontractor will be issued a separate workers' compensation policy

Workers Compensation and Employers Liability:

	Annual Limits Per Insured
Part One - Workers' Compensation:	Statutory Limit
Part Two - Employer's Liability:	
Bodily Injury by Accident, each Accident:	$1,000,000
Bodily Injury by Disease, each employee	1,000,000
Bodily Injury by Disease, policy limit:	1,000,000

- Other States Endorsement
- Waiver of Subrogation
- Alternate Employer Endorsement
- Voluntary Compensation

A single policy will be issued for all insureds for all liability and property coverage. Enrolled Contractor and Subcontractor will receive certificates or copies of the policy.

Commercial General Liability

	Limits of Liability Shared by All Insureds
General Aggregate	$4,000,000
Products/Completed Operations Aggregate	$4,000,000
Personal/Advertising Injury Aggregate	$2,000,000
Each Occurrence Limit	$2,000,000
Fire Damage Legal Liability (any one fire)	$1,000,000
Medical Expense Limit (any one person)	$5,000

GENERAL LIABILITY DEDUCTIBLE ASSESSMENT

$ 25,000 maximum per occurrence caused by contractor or its subcontractor of any tier subject to adjustment to equal contractor's regular (non-ROCIP) deductible with a minimum of $5,000 or the actual amount of loss, whichever is less.

- Broad named insured
- Amend Bodily injury definition
- Delete 50' railroad limitation
- Delete Personal Injury/Advertising Injury contractual liability exclusion
- Fellow employee coverage – supervisory personnel only
- Annual Reinstatement of Aggregates (except Products/Completed Operations)
- Ten (10) Year Products & Completed Operations Extension (single aggregate)

Excess Liability

	Limits of Liability Shared by All Insureds
Each Occurrence Limit	$300,000,000
Annual General Aggregate Limit	$300,000,000

- "Pay on behalf" wording
- Annual reinstatement of limits
- "Contractors Limitation" endorsements deleted
- Underlying Coverages: Employer's Liability; Primary Commercial General Liability
- Ten (10) Year Completed Operations Extension beyond Final Acceptance of project
- Excludes: Real & Personal Property in the care, custody or control of the insured; Asbestos; Discrimination & Wrongful Termination; ERISA; Owned & Nonowned Aircraft, Watercraft, and Automobile Liability; Nuclear Broad Form Liability

Note

The descriptions above provide a summary of coverages only. Contractors should refer to the policies for actual terms and conditions.

Note

Contractors are advised to arrange their own insurance for contractor-owned equipment and materials not intended for inclusion in the project. The ROCIP will not cover Contractor property.

OCIP Termination or Modification

Caltrans reserves the right to terminate or modify the ROCIP or any portion thereof. If Caltrans exercises this right, contractors will be provided notice as required by the terms of their individual contracts. At its option, Caltrans may procure alternate coverage or may require the Contractors to procure and maintain alternate insurance coverage.

Section 5

Insurance Required From Contractors

Contractors and subcontractors are required to maintain coverage to protect against losses that occur away from the Site or that are otherwise not covered under the ROCIP.

Contractors and Subcontractors are required to maintain insurance coverage that protects the Owner from liabilities arising from the contractor's and subcontractor's operations performed away from the Project site, for types of coverage not provided by the ROCIP, and for operations performed in connection with this Contract by excluded parties.

See Section 8 for sample certificate of insurance forms.

Verification of insurance may be submitted in the form of a Certificate of Insurance on a standard ACORD Form 25. A sample of an acceptable Certificate of Insurance is provided in Section 8. Please note requirements for thirty- (30) days notice of cancellation, waiver of subrogation and additional insured status.

Contractors are responsible for monitoring their Subcontractors and Excluded Parties' Certificates. Caltrans reserves the right to disapprove use of Subcontractors unable to meet the insurance requirements. Certificates evidencing compliance shall be available to Caltrans, or the ROCIP Administrator upon request.

Note

Prior to mobilization and within three (3) days of any renewal, change or replacement of coverage, Contractors and Subcontractors shall submit to Caltrans a Certificate of Insurance evidencing the coverage and limits as specified in this section. The Certificate shall evidence a 30-day notice of cancellation provision

The limits of liability shown for the insurance required of the Contractor and Subcontractors are minimum limits only and are not intended to restrict the liability imposed on the Contractor and Subcontractors for Work performed under their Contract.

Contractor-Provided Coverages

All Contractors shall provide evidence of automobile liability. The ROCIP does not cover automobile liability.

Automobile Liability

Covering all owned, hired and non-owned automobiles, trucks and trailers with coverage not less than that of the commercial Business Auto Policy with limits not less than **$1,000,000 Combined Single Limit** each accident for Bodily Injury and Property Damage. Coverage shall apply both on and away from the Project Site. All subcontractors shall be required to maintain limits of not less than **$1,000,000 Combined Single Limit.**

Eligible contractors shall provide evidence of workers' compensation insurance for off-site activities, including design work.

Ineligible contractors shall provide evidence of workers' compensation applicable to this project.

Workers' Compensation and Employer's Liability

	Limits of Liability
Part One - Workers' Compensation:	Statutory Limit
Part Two - Employer's Liability:	
	Limit
Bodily Injury by Accident, each Accident:	$1,000,000
Bodily Injury by Disease, each employee	1,000,000
Bodily Injury by Disease, policy limit:	1,000,000

Eligible contractors shall provide evidence of general liability insurance for off-site activities.

Ineligible contractors shall provide evidence of general liability insurance applicable to this project and must add Caltrans and other parties as additional insureds to the policy.

Commercial General Liability/Umbrella Liability

Total Limits of Liability	
	Limit
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	2,000,000
Personal/Advertising Injury Aggregate	2,000,000
Each Occurrence Limit	2,000,000

Coverage shall be on an Occurrence form and apply to bodily injury and property damage for operations (including explosion, collapse and underground coverage), independent contractors, products and completed operations. Limits can be provided by a combination of a primary Commercial General Liability policy and Excess or Umbrella Liability policy. No umbrella or excess liability insurance is required of an eligible and enrolled subcontractor who performs less than $100,000 of the work.

Watercraft and Aircraft Liability

Should watercraft or aircraft of any kind be used by Contractor, Subcontractor of any tier, or by anyone else on its behalf, Contractor or Subcontractor shall maintain or cause the operator of the watercraft or aircraft to maintain Liability insurance with a minimum Combined Single Limit for Bodily Injury and Property Damage including Passengers to be determined by Caltrans. The policies shall add Caltrans and others as required as an additional insured with primary and non contributory wording.

Caltrans does not provide professional liability insurance for contractors or subcontractors.

Professional Liability

All professional service firms must provide professional liability insurance appropriate to their profession. Architects and engineering firms and contractors doing any design

work must provide insurance covering liability arising out of design errors and omissions with a limit of not less than $1,000,000 per claim and aggregate.

Pollution Liability

Hazard remediation Contractors, demolition Contractors and Subcontractors whose work involves removal or treatment of hazardous materials shall provide and maintain Contractor's Pollution Liability insurance that specifically schedules the type of work to be done under the Contract with Caltrans or a Caltrans General Contractor. Limits shall be determined by Caltrans based on the nature of the contract and the risk involved.

The ROCIP does not provide insurance for contractors or subcontractors tools or equipment.

Contractor's Tools and Equipment Floater

Whatever coverage the Contractor may deem necessary for protection against loss of owned, rented, or borrowed capital equipment and tools, including any tools owned by mechanics, and any tools, equipment, scaffolding, staging, trailers, cranes, towers, and forms owned, rented, or borrowed by it or it's subcontractors, must be provided by the Contractor. The Department will have no liability with respect to such equipment and tools. Failure of the Contractor to secure such insurance or to maintain adequate levels of coverage does not obligate the Department or its agents and employees for any losses on owned, rented, or borrowed equipment. Any policies maintained by the Contractor on their owned or rented equipment and materials shall contain a provision requiring the insurance companies to waive their rights of subrogation against the Department.

Note: Waivers Required/Caltrans as Additional Insured

Contractor shall waive its rights of recovery` in favor of Caltrans and other designated parties. General and Excess Liability Policies shall name Caltrans, its officials, employees and agents and any wholly owned subsidiaries or parent organizations as additional insureds and shall state that coverage is primary and non-contributory.

Section 6

Contractor Responsibilities

Throughout the course of the Project, Contractors will be responsible for reporting and maintenance of certain records as outlined in this section.

The Contractor is required to cooperate with Caltrans and its ROCIP Administrator in all aspects of ROCIP operation and administration. Responsibilities of the Contractor include:

- Enrolling in the ROCIP
- Including ROCIP provisions in all subcontracts as appropriate
- Providing each Subcontractor with a copy of the ROCIP manual
- Requiring that all eligible Subcontractors who will perform Work at the Job Site are enrolled in the ROCIP prior to working on the site
- Providing timely evidence of insurance to the Engineer
- Notifying the Engineer of all subcontracts awarded
- Maintaining and reporting monthly payroll records
- Complying with the ROCIP Administrator's requests for information
- Complying with insurance, claim and safety procedures
- Paying deductible assessments promptly as required
- Notifying the Engineer immediately of any insurance cancellation or non renewal (contractor-required insurance)
- Cooperating with ROCIP insurance policy requirements, including but not limited to physical audit of payroll records by the insurance company or its representatives.

Enrollment

See Section 8 for sample ROCIP enrollment forms.

Each Contractor shall provide details about its subcontractors as necessary to enroll them in the ROCIP.

Forms To Be Submitted

The Contractor shall submit the following forms as specified:

CT ROCIP Form 1, "ROCIP Enrollment Form:" CT ROCIP Form 1 shall be completed and submitted to the ROCIP Administrator for the Contractor and each eligible subcontractor of every tier by the following deadlines:

Prime Contractors:	During ROCIP Enrollment and prior to starting work
Listed Subcontractors:	During ROCIP Enrollment and prior to starting work
Non-Listed and Lower-Tiered Subcontractors:	During ROCIP Enrollment and prior to starting work

ROCIP coverage will not be in effect for the Contractor or Subcontractors until CT ROCIP Form 1 has been received and approved by the ROCIP Administrator.

CT ROCIP Form 2, "Monthly Payroll Reporting Form:" The Contractor and enrolled subcontractors of all tiers shall complete and submit to the ROCIP Administrator CT ROCIP Form 2 for the prior month's work by the 15th day of the subsequent month. This form shall be submitted monthly until CT ROCIP Form 3, "Contractor's Notice of Work Termination Form," is submitted, even if there was no on-site work performed. CT ROCIP Form 2 is in addition to any payroll records required by Section 7-1.01A(3), "Payroll Records," of the Standard Specifications.

CT ROCIP Form 3, "Contractor's Notice of Work Termination:" The Contractor and subcontractors of all tiers shall complete and submit this form to the ROCIP Administrator upon completion of its work by the 5th work day after the last day of the month including punch list items under the contract. The Contractor is responsible to make sure subcontractors of all tiers complete this form.

All Eligible Parties performing Work at the Job Site are required to enroll in the ROCIP. Each Eligible Party (Contractor/Subcontractor) initiates the enrollment process by submitting CT ROCIP Form 1 to the ROCIP Administrator. Each Contractor shall also provide details (contact and related project information) about its Subcontractors as necessary for ROCIP enrollment and require that each of its Subcontractors as an Eligible Party complete and submit CT ROCIP Form 1 to the ROCIP Administrator prior to beginning work on the Job Site.

Direct questions about the enrollment process and completion submission of enrollment documents to the ROCIP Administrator. See Section 2 for information on contacting the ROCIP Administrator.

When a Contractor or Subcontractor is accepted into the ROCIP, they will receive a Certificate of Insurance and a Confirmation Letter acknowledging that they have been enrolled into the ROCIP.

Note: Enrollment Not Automatic

Enrollment into the ROCIP is required, but not automatic. Eligible contractors and all eligible subcontractors MUST complete the enrollment forms and participate in the enrollment process for ROCIP coverages to apply. No contractor or subcontractors will be allowed on the job site until enrollment is complete. The ROCIP Administrator will arrange enrollment meetings with each eligible contractor and subcontractor.

Deductible Assessment

Caltrans requires Enrolled Contractors to pay an amount not to exceed $25,000 for a General Liability loss chargeable to the Contractor or subcontractor primarily responsible for causing any loss as determined by the ROCIP insurance company. The ROCIP Administrator will notify the responsible contractor or subcontractor of such claims and will consider information from the contractor for claims investigation, but final determination of liability and payment will be made by the ROCIP insurer. The "General Liability Deductible Assessment" is not covered by the ROCIP and shall remain uninsured.

The Department will withhold from the Contractor's progress payment the amount of the General Liability Deductible Assessment as determined by claim cost estimates established by the respective ROCIP Insurance Company. The amount of the assessment will be based on the actual loss but will be adjusted to equal the contractor's non-ROCIP (regular policy) insurance deductible with a maximum of $25,000 and a minimum of $5,000 or the actual loss, whichever is less.

Due to the potential development of claims costs in the course of handling any ROCIP claim, the amount of the General Liability Obligation withheld might be in excess of the actual claim costs. In that case the difference between the actual claims costs and the General Liability Deductible Assessment amount withheld may not be released until such time the ROCIP Insurance Company has confirmed closure of the claim file.

Assignment of Return Premiums

The cost of the ROCIP insurance coverages will be paid by Caltrans. Caltrans will be the sole recipient of any return ROCIP premiums or dividends. All Enrolled Contractors and Subcontractors shall assign to Caltrans all adjustments, refunds, premium discounts, dividends, credits or any other monies due from the ROCIP insurers. Contractors shall assure that each Enrolled Subcontractor shall execute such an assignment.

Payroll Reports

Each Contractor and Subcontractor of every tier must submit by the 15th of the following month, payroll reports identifying man-hours and payroll for all work performed at the Project Site during the previous month. The monthly man-hour and payroll reports should include supervisory and clerical personnel on-site and shall certify all Work performed at or emanating directly from the Project Site. This information will be used to provide the insurance company with information required to determine Caltrans' premium. This report is required even if no work was performed by the contractor in the prior month unless the contractor has completed a CT ROCIP Form 3, "Contractors' Notice of Work Termination."

Note: Separate Reports Required

A separate Monthly Payroll Report is required for each enrolled contractor. This report is *not* a certified payroll form. See Section 8.

Insurance Company Payroll Audit

Each Enrolled Contractor and Subcontractor is required to maintain payroll records for the Project Site in accordance with the Basic Manual of Rules, Classifications, and Experience Rating Plan for Workers' Compensation and Employer's Liability Insurance. Such records shall allocate the payroll by Workers' Compensation classification(s) and shall exclude the excess or premium paid for overtime (i.e., only the straight time rate shall apply to overtime hours worked). Furthermore, such records shall limit the payroll for Executive Officers and Partners/Sole Proprietors to the limitations as stated in the state manual rules.

It is important that you properly classify payrolls, as these will be reported to the rating bureau for promulgation of future Experience Modifiers for your firm. All Enrolled Contractors and Subcontractors shall make available their books, vouchers, contracts, documents, and records, of any and all kinds, to the auditors of the ROCIP insurance carriers or Caltrans' representatives at any reasonable time during the policy period, any extension, or during a final audit period as required by the insurance policies.

Note

Failure to submit the payroll reports as required may result in the withholding of payments until required documentation is received.

Completion of Work

When an Enrolled Contractor or Subcontractor has completed its Work, that party shall complete the CT ROCIP Form 3, "Contractor's Notice of Work Termination," and submit it to the ROCIP Administrator. Final Payment will not be released by the Owner until all necessary forms have been submitted to the ROCIP Administrator.

Claims Reporting

A claims kit will be provided to all contractors. It will include details about claim reporting and is intended for use at the job site.

Each Contractor and Subcontractor shall follow claims procedures established by the ROCIP Administrator. Contractors and Subcontractors agree to assist and cooperate in every manner possible with the adjustment of all claims and demands. Refer to Section 7 of this Manual.

Safety Procedures

The Contractor and subcontractors are required to follow all safety requirements as specified in the "Project Safety" section of the "Rolling Owner Controlled Insurance Program (ROCIP)" section of the Special Provisions.

Off-Site Locations

The Contractor is responsible for applying for approval to have off-site locations covered. The Contractor shall notify the ROCIP Program Administrator of the need and shall request approval of the site. The request should include the location, address, description of the site and the type of use it will be put to and the duration of the work to be preformed at the site. The off-site location must be 100% dedicated to the project.

Close Out And Audit Procedures

When a Contractor and/or an associated Subcontractor has completed its Work at the Project and will no longer have on-site workers, the Contractor shall notify the Owner by submitting the CT ROCIP Form 3, "Contractor's Notice of Work Termination," for the final reporting and audit of payroll and man-hours. A copy of CT ROCIP Form 3 with instructions on the proper method for completion is in Section 8. Any deductible assessment for which the Contractor or Subcontractors are responsible for, must be satisfied prior to close-out.

Section 7

Claim Procedures

This section describes basic procedures for reporting various types of claims: workers' compensation, liability, and damage to the project.

General Procedures

Catastrophic or Traumatic Injuries – Call emergency by dialing 911 and provide the operator with any information requested.

Make no statements to the media. Refer all questions from the media to the Department's Engineer.

It is the responsibility of all Enrolled Contractors to report immediately all occupational-related illnesses and injuries, liability claims or property damage to the Department's Engineer. All Contractors/Subcontractors and others involved in the ROCIP shall instruct employees and other personnel to report in writing to the Department's Engineer within 24 hours of any Accident or Occurrence of any type that might lead to a loss.

Department's Engineer

Immediately call the Department's Engineer at (TBD) in the event of the following:

- Fatality
- Any injury
- An ambulance is called
- Injury to head or neck
- Unconscious employee
- Possible blindness
- Amputation of limbs
- Heart attack or stroke
- Hospitalization
- Possible injury to back or spinal cord
- Property damage estimated over $1,000
- Actual or alleged injury to a member of the general public
- Damage to property owned by the general public regardless of the estimated amount of damages

Workers' Compensation Claims

A claims kit will be provided to all contractors. It will include details about claim reporting and is intended for use at the job site.

The main responsibility for any Contractor is first to see that any injured worker receives immediate medical care. Next, you should notify the ROCIP administrator immediately in the event of a serious injury or accident.

An Employer's First Report of Injury (form 5020) must be completed and submitted to the ROCIP Administrator, along with the DWC-1 (Employee's Claim) and the Supervisor's Report of Injury form.

The ROCIP administrator will provide claims kits to all Enrolled Contractors and Subcontractors. These kits will include all claim forms that are needed. Additional kits or claim forms can be obtained from the ROCIP administrator or the Insurer's Claims Coordinator.

Caltrans' insurer will arrange with preferred medical providers for treatment of all minor or non-life-threatening injuries. A list of these providers will be provided for insertion at the end of this manual.

Enrolled Contractors and Subcontractors must designate a representative at the site to take injured employees to the medical center, and to report the claim. This individual should remain with the injured employee at the center while he/she is being treated. The treating physician should provide a written description of whether or not the injured employee can return to work, a list of restrictions if any, and the estimated length of time he/she will stay on modified duty.

Caltrans' insurer will arrange with the local 911 emergency ambulance services for response to any serious traumatic life threatening injuries and will provide information for insertion in this manual and in the claims kit.

Liability Claims

Accidents resulting in damage to property of others (other than the Work itself), or personal injury or death to a member of the public, must be reported immediately to the ROCIP Administrator. A General Liability Loss Notice (Accord Form 3) shall be completed and delivered within 24 hours to the ROCIP Administrator.

Contractors and Subcontractors shall not voluntarily admit liability and shall cooperate with Caltrans or insurer representatives in the accident investigation.

The Contractor shall be responsible for up to the first $25,000 of any damages/injuries caused by the Contractor or its Subcontractors to third parties. Please refer to Section 4, page 7 for a description of the operation of the contractor's deductible assessment.

Property Claims

Report any damages to your Work or the Work of any other Contractor/Subcontractor to the ROCIP Administrator. In addition, complete the Property Loss Notice (ACORD Form 1) and submit it to the ROCIP Administrator.

Contractor will be responsible for up to the first $25,000 of insured damage to Contractor's Work or the Work of any other Contractor caused by Contractor or Subcontractors of any tier.

No coverage is provided for contractors' tools and equipment under the ROCIP. It is the sole responsibility of each Contractor and Subcontractor to report damage to the project and to their tools and equipment to their own insurers.

Automobile Claims

No coverage is provided for automobile accidents under the ROCIP. It is the sole responsibility of each Contractor and Subcontractor to report accidents involving their automobiles to their own insurers.

HOWEVER, all accidents occurring in or around the job site must be reported to the ROCIP Administrator. These accidents will be investigated with regard to any liability arising out of the Project construction activities that could result in future claims (i.e. due to the conditions of the roads, etc.) Each Contractor and Subcontractor shall cooperate in the investigation of all automobile accidents.

Pollution Claims

Contractors should **immediately** notify the ROCIP administrator of any known or suspected pollution incidents.

Section 8

Forms & Exhibits

This section contains the forms needed for reporting claims, reporting payroll and other administration of the ROCIP.

Note

For assistance in completing these forms, please contact:
Kaercher Campbell & Associates Insurance Brokerage
1800 Century Park East, Suite 400
Los Angeles, CA 90067
Fax 310 551-6888

This section contains the following forms:

CT ROCIP Form 1, "ROCIP Enrollment Form."

CT ROCIP Form 2, "Monthly Payroll Reporting Form."

CT ROCIP Form 3, "Contractor's Notice of Work Termination Form

Exhibit 1	Sample Certificate of Insurance
Exhibit 2	Accident Investigation Report
Form 5020	State of California Employers Report of Occupational Injury or Illness
	State of California Employee's Claim for Worker's Compensation Benefits
	General Liability Loss Notice – TBD
Exhibit 3	Detailed Summary of ROCIP Coverages and Limits

CT ROCIP FORM 1

ROCIP ENROLLMENT FORM

CONTRACTOR INFORMATION:

Contractor/Subcontractor: _____ Indv: _____ Ptshp:_____ Corp: _____ J/V: _____
Address: _____ **FEIN:** _____
Office Contact: _____ Phone: _____ Fax: _____
Email Address: _____
Site Contact: _____ Phone: _____ Fax: _____
Safety Contact: _____ Phone: _____ Fax: _____
Insurance Contact: _____ Phone: _____ Fax: _____
Payroll Contact: _____ Phone: _____ Fax: _____
Address (if different): _____

CONTRACT INFORMATION: Contract Value: $_____ Contract/JOB#: _____

Job Name/Description: _____ DBE/DVBE: _____
Prime Contractor: _____ Subcontractor: _____
Start Date: _____ Est. Completion Date: _____ % Self Performed _____ Est. Man-hours _____
% Subcontracted _____ Est. # of Subcontractors _____ Est. Sub'd Man-hours _____

CURRENT INSURANCE INFORMATION:

REQUIRED INSURANCE COVERAGES AND LIMITS ARE SHOWN IN THE CONTRACT DOCUMENTS AND THE ROCIP INSURANCE MANUAL. Contractor's Insurance Broker or Agent:
Company Name: _____ Contact: _____
City: _____ Phone: (_____) _____

WORKERS' COMPENSATION INSURANCE INFORMATION: Please use policy that was in effect at time of bid award
Current WC Ins. Co: _____ Policy No.: _____ Policy Period: _____
Experience Modifier: _____ Rate Date: _____ Deductible: _____ Retention: _____

A. Workers' Compensation (Project Site Payroll Only)
Attach copy of declaration page and rate sheets for WC Policy

W.C. Class Description	W.C. Class Code	W.C. Rate per $100 Payroll	Estimated Payroll *	Premium
1.				
2.				
3.				
		Subtotal	$	$
* It is extremely important to accurately estimate payrolls anticipated for this contract. Payroll should be raw wages without burden, fringes, or overtime premium: but should include sick, vacation, holiday pay and imputed income. **Attach a copy of your current Workers' Compensation policy declaration page and rating sheets**			Increased Limits Factor:_____ Experience Modifier:_____ Discounts:_____ Surcharges/Assessments:_____	$ $ $ $
* Deductible and Self-Insured Retention Credits shall be identified but not allowed. Since these types of programs require loss funding, the credits or the loss pick must be identified but not allowed in calculating the total workers' compensation premium. Composite Rates must have rating sheets. Corporate Allocations must include the actual insurance company rating. Provide additional documentation for all such credits.			Deductible Credit * OR Self Insured Retention Credit *	*Deductible or self-Insured retention credits shall be identified but not allowed.
_____			**Total Workers' Compensation Premium**	**A $**

Page 1 of 2

CT ROCIP FORM 1

ROCIP ENROLLMENT FORM

GENERAL LIABILITY (GL) INFORMATION:

Current GL Ins. Co: _____ Policy No.: _____ Policy Period: _____

Current GL rate is based on: Payroll or Receipts per $100 $1,000 or Receipts or Flat Premium

Deductible: _____ Retention: _____

A. Worker's Compensation		**(Total from page 1 "A")**		**A. $**
B. General Liability (Project Site Payroll/Receipts Only) Attach copy of Declaration page and Rating Sheets for GL Policy				
GL Classification	**GL Code**	**GL Rate as shown above**	**Estimated Payroll*/Receipts***	**Premium**
1.				$
2.				$
3.				$
4. Subcontractors	91585			$
5.				
* Deductible and Self-Insured Retention Credits shall be identified but not allowed. Since these types of programs require loss funding, the credits or the loss pick must be identified but not allowed in calculating the total general liability premium. Composite Rates must have rating sheets. Corporate Allocations must include the actual rating insurance company rating. Provide additional documentation for all such credits.		*Deductible or self-insured retention credits shall be identified but not allowed.	**Total GL Premium**	**B. $**
*It is extremely important to accurately estimate payrolls/receipts.				
C. Umbrella Excess Liability: Ins. Co.: _____ **Policy Period:** _____ **Rate:** _____ **per $** _____ **Payroll / Receipts** ***Attach copy of declaration page and rating sheets for Umbrella/Excess policy**				**C. $**
D. Estimated Subcontractor Premiums (Attach Cost Identification Sheet for Each Subcontractor or calculate 4% of Subcontract value for each subcontractor's estimated insurance cost) ***CONTRACTOR MUST ENSURE ALL SUBCONTRACTORS COMPLETE "CT ROCIP FORM 1"**				**D. $**
E. TOTAL PREMIUMS (A + B + C + D)				**E. $**

Contractor should notify its own insurance carrier to exclude all work done under this contract from your current insurance program.

AGREEMENT

The Department, or their Agent, is granted permission by Contractor to inspect the insurance and payroll records used in determining the above credit and to release all relevant information for review DEPARTMENT or their Agents. At completion of the Work, Agent shall audit the payroll records of Contractor for final audited insurance premiums in accordance with the insurance premium audit provisions of the ROCIP. Any and all returns of premiums, dividends, discounts or other adjustments to any ROCIP policy is assigned, transferred and set over absolutely to DEPARTMENT. This assignment is valid for insurance policies whose premiums have been paid by DEPARTMENT on behalf of such Contractor.

Signed _____ Title _____ Date _____

Please submit this form to the Engineer

CT ROCIP FORM 2

CALTRANS
OWNER CONTROLLED INSURANCE PROGRAM

MONTHLY PAYROLL REPORTING FORM

(Report job site payroll separately by each contract)

Contractor/Subcontractor: _____ Contract Location Code: _____

Address: _____ Department: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Prime Contractor: _____ Subcontractor: _____

Please indicate Job Site Payroll and forward with pay application. Please retain a copy for your files.

MONTH ENDING: _____ **Contract/Job #:** _____

IS THIS IS YOUR FIRST PAYROLL REPORT? IF SO, PLEASE SHOW START DATE: _____
Is this is your final payroll report? If so, please show completed date: _____

WORKERS' COMPENSATION (WC)			
WC Classification Description	**Man-Hours**	**WC Code**	**Actual Payroll**
1 .			
2.			
3 .			
Total			
GENERAL LIABILITY (GL)			
GL Classification Description		**GL Code**	**Receipts/Other**
1.			
2.			
3.			
Total			
If GL premium is based on Receipts, please show total monthly Receipts: $_____			

- It is extremely important to accurately estimate payrolls anticipated for this contract. Payroll should be raw wages **without** burden, fringes, or overtime premium but should include sick, vacation, holiday pay and imputed income.
- Earnings for overtime should be included only at straight hourly rates. Overtime **hours** should be shown but do not include the extra wages paid for Overtime hours.
- Overtime means those hours in excess of 8 hours worked each day, 40 hours in any week or on Saturdays, Sundays, or holidays, but only when there is an increase in the hourly rate to work such hours.
- If GL is based on payroll – only show the classification description and codes, man-hours and payroll are already shown under WC.

The above is a true and complete statement of the entire remuneration of services rendered by employees of the company shown above.

Signature: _____ Title: _____ Date: _____

Please submit this form to the Engineer

CT ROCIP FORM 3

Contractor's Notice of Work Termination

Note: Every enrolled Contractor and subcontractor of all tiers must complete this form.

Submit this form to: The Engineer
Fax:
Tel:

Contract Location Code:_____
Contract/Job #:_____

Please be advised _____ **is scheduled to complete work for:**
(Your company's name)

Job Name/Description: _____
Contractor _____ Subcontractor: _____

Actual Start Date:_____ **Actual Completion Date:** _____
Original Contract Value: _____ **Final Contract Value:**_____
Final Total Payroll value:_____

Please provide accurate final values in order for Willis to calculate your final ROCIP deduct. Delays in providing this form and accurate information to Willis will delay close out of your contract and release of any retention.

We used the following subcontractors who will also complete their work on the date shown above:

Subcontractor	Final Contract Value
	$
	$
	$

PLEASE SELECT ONE OF THE FOLLOWING:

_____ This is our only contract on this Contract
_____ We are still working under the following contracts on this Contract

Contractor	Job Name/Description	Subcontractor

Form completed by:
By _____ Title _____

Final insurance audits may be made under the applicable policies. Please show who in your office (or another location if applicable) is responsible for this information:

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip:_____

Exhibit 1 – Sample Certificate of Insurance from **Enrolled** Contractors

ACORD© CERTIFICATE OF INSURANCE	ISSUE DATE: CURRENT DATE
PRODUCER Insurance Agent's Name and Address	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW
TELEPHONE #	**COMPANIES AFFORDING COVERAGE**
INSURED	COMPANY A LETTER — INSURANCE CARRIER
Contractor or Subcontractor's Name and Address	COMPANY B LETTER — INSURANCE CARRIER
Sample Certificate from Enrolled Contractor or Subcontractor	COMPANY C LETTER
Required Insurance	COMPANY D LETTER

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE MM/DD/YY	POLICY EXP. DATE MM/DD/YY	ALL LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GEN. LIABILITY ☐ CLAIMS MADE ☒ OCCUR. ☐ OWNER'S & CONTRACTOR'S PROT. ☐ _____	Policy Number			GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	$2,000,000 $2,000,000 $1,000,000 $1,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$1,000,000
A	EXCESS LIABILITY ☒ UMBRELLA ☐ OTHER THAN UMBRELLA FORM	Policy Number			EACH OCCURRENCE AGGREGATE	
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	Policy Number			STATUTORY LIMITS ☒ (Each accident) (Disease-policy limit) (Disease-each employee)	 $1,000,000 $1,000,000 $1,000,000
	OTHER:	Policy Number				

DESCRIPTION OF OPERATIONS/LOCATIONS: Department of Transportation, Consultants, Construction Managers and their consultants, the OCIP Administrator, their respective officers, agents, and employees, and Certificate Holders are Additional Insureds on a Primary and Non-contributing basis for General Liability, Automobile and Umbrella coverage. Waiver of Subrogation is included for General Liability and Workers' Compensation. **General Liability and Workers' Compensation apply only to off-site operations.**

CERTIFICATE HOLDER	CANCELLATION
California Department of Transportation c/o ROCIP Administrator Main St Somewhere, CA 92614 (NOTE: Subcontractors should send certificates to their prime contractor)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. **AUTHORIZED REPRESENTATIVE** By:

ACORD 25-S (3/93) © ACORD CORPORATION 1993

Exhibit 1 – Sample Certificate of Insurance from **Excluded** Parties

ACORD© CERTIFICATE OF INSURANCE	ISSUE DATE: CURRENT DATE
PRODUCER Insurance Agent's Name and Address	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW
TELEPHONE #	**COMPANIES AFFORDING COVERAGE**
INSURED	COMPANY A LETTER — INSURANCE CARRIER
Name and Address	COMPANY B LETTER — INSURANCE CARRIER
Sample Certificate from Excluded Parties	COMPANY C LETTER
Required Insurance	COMPANY D LETTER

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NO.	POLICY EFF. DATE MM/DD/YY	POLICY EXP. DATE MM/DD/YY	ALL LIMITS	
A	GENERAL LIABILITY ☒ COMMERCIAL GEN. LIABILITY ☐ CLAIMS MADE ☒ OCCUR. ☐ OWNER'S & CONTRACTOR'S PROT. ☐_____	Policy Number			GENERAL AGGREGATE PRODUCTS-COMP/OPS AGGREGATE PERSONAL & ADVERTISING INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MEDICAL EXPENSE (Any one person)	$2,000,000 $2,000,000 $1,000,000 $1,000,000 $ $
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$1,000,000
A	EXCESS LIABILITY ☒ UMBRELLA ☐ OTHER THAN UMBRELLA FORM	Policy Number			EACH OCCURRENCE AGGREGATE	$2,000,000
B	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	Policy Number			STATUTORY LIMITS ☒ (Each accident) (Disease-policy limit) (Disease-each employee)	$1,000,000 $1,000,000 $1,000,000
	OTHER:	Policy Number				

DESCRIPTION OF OPERATIONS/LOCATIONS: Department of Tranportation, Consultants, Construction Managers and their consultants, the OCIP Administrator, their respective officers, agents, and employees and Certificate Holders are Additional Insureds on a Primary and Non-contributing basis for General Liability, Automobile and Umbrella coverage. Waiver of Subrogation is included for General Liability and Workers' Compensation. **ALL COVERAGES APPLY ON-SITE AND OFF-SITE.**

CERTIFICATE HOLDER	CANCELLATION
Prime Contractor Prime Contractor Name and Address	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE **By:**

ACORD 25-S (3/93) **© ACORD CORPORATION 1993**

Exhibit 2 - Accident Investigation Report

This form must be completed for all injuries and damage to property, including employee injury and injury and/or damage to the property of a third party, and must be submitted to:

- Department's Engineer, and
- The ROCIP Administrator

Caltrans Owner Controlled Insurance Program
Accident Investigation Report

Date of Accident: _____ Time of Accident: _____ Company: _____

Date of Investigation: _____ Contractor Job Number/Name: _____

Department Contract Name: _____ Department Contract No.: _____

Location of Accident: _____

Did injury result? Yes/No _____ If yes, provide Employee Names and Employer(s):

_____

S.S. No.: _____ Skill: _____ Yrs. in this Skill: _____

Yrs. With Company: _____

Describe Type of Injury: _____

Was property damaged? Yes/No _____ Describe damage/owner: _____

_____

Is damaged property secured/maintained? Yes/No _____ Person Maintaining _____

Names of Witnesses/Co-Workers (With Social Security No.): _____

_____

Weather/Wind Conditions: _____

List/Describe all personal protective equipment (PPE) in use by person exposed or injured: _____

_____

If Chemicals Involved:

Name(s) of Chemical(s) of Encountered: _____

_____

Form of Chemicals (Solid, Liquid, Gas, Vapor, Dust, Mist Fume): _____

Describe Radiological Materials (if any): _____

Volume or Quantity Released: _____

Description of Accident: _____

_____

_____

Contributing Factors:

_____

What corrective actions are being taken to prevent recurrence? Also list the person responsible for implementing and the target completion date for each item.

Was a Safe Plan of Action developed for the task being performed? Yes/No _____ If yes, attach a copy.

Was a permit(s) issued? Yes/No _____ If yes, attach a copy of the in effect at time of the accident.

Indirect Cause of accident: **Lack of**: _____

_____

Basic cause of accident: **Failure to:** Plan____ , Direct____, Organize____ , Control ____ (*explain)

_____

INVESTIGATION TEAM: Report by: _____ **Date:** _____

Injured Involved:	Name	Signature
Supervisor:	Name	Signature
Site Manager:	Name	Signature
Health and Safety Representative:	Name	Signature
Name (Others)	Title	Signature
Name (Others)	Title	Signature

Project Representative(s) Contacted: _____

* Attach additional sheets and supplemental data & information as necessary.

** Distribution: Original filed on-site at Department's Engineer 's office

State of California
EMPLOYER'S REPORT OF
OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type if possible) Mail two copies to:

OSHA CASE NO.

FATALITY ☐

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be **reported immediately** by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

1. FIRM NAME
1a. Policy Number
2. MAILING ADDRESS: (Number, Street, Department, Zip)
2a. Phone Number
3. LOCATION if different from Mailing Address (Number, Street, Department and Zip)
3a. Location Code
4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.
5. State unemployment insurance acct.no
6. TYPE OF EMPLOYER: ☐ Private ☐ State ☐ County ☐ Department ☐ School District ☐ Other Gov't, Specify:

INJURY OR ILLNESS

7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)
8. TIME INJURY/ILLNESS OCCURRED ____AM ____PM
9. TIME EMPLOYEE BEGAN WORK ____AM ____PM
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ Yes ☐ No
12. DATE LAST WORKED (mm/dd/yy)
13. DATE RETURNED TO WORK (mm/dd/yy)
14. IF STILL OFF WORK, CHECK THIS BOX: ☐
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? ☐ Yes ☐ No
16. SALARY BEING CONTINUED? ☐ Yes ☐ No
17. DATE OF EMPLOYER'S KNOWLEDGE/ NOTICE OF INJURY/ILLNESS (mm/dd/yy)
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm/dd/yy)
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, Department, Zip) ☐ Yes ☐ No
20a. COUNTY
21. ON EMPLOYER'S PREMISES?
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g. Shipping department, machine shop ☐ Yes ☐ No
23. Other Workers injured or ill in this event?
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g. Acetylene, welding torch, farm tractor, scaffold
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g. Welding seams of metal forms, loading boxes onto truck.
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY ☐ Yes ☐ No
27. Name and address of physician (number, street, city, zip)
27a. Phone Number
28. Hospitalized as an inpatient overnight? ☐ Yes ☐ No If yes then, name and address of hospital (number, street, city, zip)
28a. Phone Number
29. Employee treated in emergency room?

Please do not use this column

CASE NUMBER
OWNERSHIP
INDUSTRY
OCCUPATION
SEX
AGE
DAILY HOURS
DAYS PER WEEK
WEEKLY HOURS
WEEKLY WAGE
COUNTY
NATURE OF INJURY
PART OF BODY
SOURCE
EVENT
SECONDAY SOURCE
EXTENT OF INJURY

ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.
Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.

EMPLOYEE

30. EMPLOYEE NAME
31. SOCIAL SECURITY NUMBER
32. DATE OF BIRTH (mm/dd/yy)
33. HOME ADDRESS (Number, Street, Department, Zip)
33a. PHONE NUMBER
34. SEX ☐ Male ☐ Female
35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)
36. DATE OF HIRE (mm/dd/yy)
37. EMPLOYEE USUALLY WORKS ____ hours per day, ____ days per week, ____ total weekly hours
37a. EMPLOYMENT STATUS ☐ regular, full-time ☐ part-time ☐ temporary ☐ seasonal
37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED
38. GROSS WAGES/SALARY $ ____ per
39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)?

Completed By (type or print)
Signature & Title
Date (mm/dd/yy)

FORM 5020 (Rev7) June 2002
FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars ($10,000).

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/a la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

El Médico Primario que le Atiende-*Primary Treating Physician PTP* es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al *PTP* que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o depués de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento applicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares ($10,000).

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Vocational Rehabilitation (VR): If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJDB): If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC web site at **www.dir.ca.gov**. Link to Workers' Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at **www.californiaspecialist.org**.

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atienda, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Rehabilitación Vocacional: Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapcidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúne los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitios, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje del incapicidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

Es ilegal que su empleador le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Codigo Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por perdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador *(Division of Workers' Compensation – DWC)*, o puede escuchar información grabada, así como una lista de oficinas locales, llamando al **(800) 736-7401**. Ud. también puede ir al sitio electrónico en el Internet de la DWC en **www.dir.ca.gov**. Enlácese a la sección de Compensación para Trabajadores.

Ud. puede consultar con un(a) abogado(a). La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California *(State Bar)* al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en **www.californiaspecialist.org**.

Section 9

Frequently Asked Questions

What is an Owner Controlled Insurance Program or OCIP?

An "Owner Controlled Insurance Program" (OCIP) or "wrap-up," is a consolidated insurance program whereby the insurance for the Owner (the Department) and eligible and enrolled subcontractors is provided through a master program for each line of coverage. In this particular instance, the program is called a "ROCIP" for "Rolling" OCIP.

Have OCIPs been used previously or is this a new concept?

OCIPs have been used successfully in commercial construction for decades. In the past decade, OCIPs have become the dominant method for insuring large public works.

Why does the Department want to do a ROCIP?

The driving force behind the decision to implement a ROCIP is to assure comprehensive coverage and high limits of insurance for Caltrans construction projects. There are many other reasons, including possible savings and elimination of cross-suits.

Who pays for ROCIP coverages?

The Department pays the OCIP premium to the insurance company.

What coverages are provided under the Caltrans ROCIP?

The ROCIP will provide General Liability, Workers' Compensation, and Excess Liability insurance for all of eligible and enrolled contractors.

Are there standard coverages not included in the ROCIP?

Automobile coverage, contractor's pollution liability coverage and coverage for the contractor's own property are not included in ROCIP. The only coverages provided are described above. Contractors and Subcontractors also will be required to provide their own general liability and workers' compensation coverage for off-site activities and automobile coverage for both on-site and off-site. Other coverages may be required of certain contractors depending on the nature of the work. The Department may purchase additional coverages for its own protection.

Are there any special enhancements provided by the ROCIP policy?

The general and excess liability policies provide the following coverages that are not readily available to all subcontractors. Products/Completed operations coverage is extended 10 years (current statute of limitations) beyond the final acceptance of the project. The OCIP policy will respond to covered losses that occur up to the statute of limitation dates. Other benefits are described in the policy.

While not a specific coverage enhancement, the fact that all parties have the same coverage is a real benefit of an OCIP. The Department can now be confident all insured parties have met their liability insurance requirements and the subcontractors can now be sure their policies provide the coverage for the work they are performing and are contractually obligated to provide.

What limits of coverage will be purchased for the Department's OCIP?

The combined general liability and excess liability limits are as follows:

$ 304,000,000	Per Occurrence
$ 304,000,000	General Aggregate
$ 304,000,000	Products/Completed operations Aggregate

These limits cover all insureds and will be shared with all projects in the ROCIP. Aggregates (policy maximums) are annual except for Products/Completed Operations, which is a one-time limit.

Are there any deductibles that apply to the subcontractors?

The Department will assess each Contractor a "deductible assessment" for losses for which the Contractor or subcontractor is at fault. This contractual obligation is like a policy deductible, but is payable to the Department. The Contractor shall be responsible, at its own expense, for the first $25,000 of each occurrence for property damage to the extent losses payable are attributable to Contractor's Work, acts or omissions, or the acts or omissions of any of its Subcontractors or any other entity or person for whom Contractor may be responsible. This deductible will be reduced to the actual deductible on the contractor's regular policy subject to a $5,000 minimum or actual loss whichever is less.

How does this affect my regular insurance?

You should discuss this with your insurance broker. Generally, your regular insurer(s) (general liability and workers' compensation) will not charge for the portion of your work done under an OCIP but will exclude losses arising out of work done on the OCIP (covered by the OCIP insurers).

Who must participate in the OCIP?

All Eligible Contractors must participate in the OCIP. Certain contractors are not eligible including consultants, surveyors, hazardous waste remediators, suppliers and transportation companies. See 3 Definitions for a complete listing of excluded contractors.

Who should I call if I have questions?

Many questions are answered in this manual. Any other questions during the bidding process must be referred to the Department's Program Manager. Once your company has

been awarded a contract, you may direct your questions to the appropriate party identified on page 5 of the Manual

What Insurance Company writes the Workers' Compensation and Employer's Liability coverage?

Coverage is provided by several insurance companies. These companies will be identified after coverage is bound but before contractor enrollment.

What is the coverage term?

The coverage terms for each Contractor will coincide with the start date provided at ROCIP enrollment. ROCIP policies are renewed each year until ROCIP close-out, unless otherwise stated.

How will the Contractor/Subcontractor's payroll be classified?

Insurer will classify payrolls in accordance with California law under the Workers' Compensation Insurance Rating Bureau Rules, Classifications, Rates and Rating Plans. Form 2 will be used for Contractors/Subcontractors' monthly payroll submissions.

Will the Insurance Company inspect the job and make recommendations regarding loss control and safety?

Yes. The Insurance Company's safety and loss control professionals will make regular inspections of the job site, lend assistance, make recommendations and suggestions, and in general, assure the insurability of the Job Site.

Will there be other people who will make job site inspections?

Yes. The ROCIP Administrator along with the Insurance Company's safety representative, will conduct periodic site safety inspections to assure compliance with the Contractor's Site-Specific Safety Program. State, city and federal inspectors may also make inspect

Project No. S9300-06-127
May 5, 2010

Ms. Alicia Beyer
California Department of Transportation – District 3
Environmental Engineering Office
P.O. Box 911
Marysville, California 95901

Subject: INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA
CONTRACT NO. 03A1368, TASK ORDER NO. 127, EA 03-0F5901
AERIALLY DEPOSITED LEAD SITE INVESTIGATION REPORT

Dear Ms. Beyer:

In accordance with California Department of Transportation (Caltrans) Contract No. 03A1368, Task Order Number 127, and Expense Authorization 03-0F5901, Geocon Consultants, Inc. has performed environmental engineering services for the subject project. The Site consists of Caltrans right-of-way along Interstate 5 from Post Mile 13.0 to 17.2 in Sacramento County, California. The accompanying report summarizes the services performed, including the advancement of 65 direct-push borings for shallow soil sampling and aerially deposited lead testing. Soil data generated from a previous lead investigation conducted by Blackburn Consulting, Inc. are incorporated into this study.

The contents of this report reflect the views of the author, who is responsible for the facts and accuracy of the data presented herein. The contents do not necessarily reflect the official views or policies of the State of California or the Federal Highway Administration. This report does not constitute a standard, specification, or regulation.

Please contact us if there are any questions concerning the contents of this report or if we may be of further service.

Sincerely,

GEOCON CONSULTANTS, INC.

Gemma G. Reblando
Project Geologist

John E. Juhrend, PE, CEG
Project Manager

GGR:JEJ:krh

(4 + 2 CDs) Addressee

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AERIALLY DEPOSITED LEAD SITE INVESTIGATION REPORT

1.0 INTRODUCTION

This Aerially Deposited Lead (ADL) Site Investigation Report for Interstate 5 (I-5) Post Mile (PM) 13.0 to 17.2 project was prepared by Geocon Consultants, Inc. under California Department of Transportation (Caltrans) Contract No. 03A1368, Task Order (TO) Number 127, and Expense Authorization (EA) 03-0F5901.

1.1 Project Description and Proposed Improvements

The project area consists of the shoulder and median areas of northbound (NB) and southbound (SB) I-5 from PM 13.0 to 17.2 (the Site) in Sacramento County, California. Proposed improvements include paving the median and replacing the existing thrie beam median barrier with concrete, which will include shallow soil excavation. The approximate project location is depicted on the Vicinity Map, Figure 1. The boring locations are depicted on the Site Plans, Figures 2-1 and 2-2 (Blackburn Consulting) and 3-1 through 3-16 (Geocon).

1.2 General Objectives

The purpose of the scope of services outlined in TO No. 127 was to evaluate whether impacts due to ADL from motor vehicle exhaust exist in the surface and near surface soils within the project boundaries. The investigative results will be used by Caltrans to inform the construction contractor(s) if lead-impacted soil is present within the project boundaries for construction worker health and safety, soil reuse evaluation and waste management/disposal purposes.

2.0 BACKGROUND

2.1 Potential Lead Soil Impacts

Ongoing testing by Caltrans throughout California has indicated that ADL exists along major freeway routes due to emissions from vehicles powered by leaded gasoline.

2.2 Hazardous Waste Determination Criteria

Regulatory criteria to classify a waste as "California hazardous" for handling and disposal purposes are contained in the California Code of Regulations (CCR), Title 22, Division 4.5, Chapter 11, Article 3, § 66261.24. Criteria to classify a waste as "Resource, Conservation, and Recovery Act (RCRA) hazardous" are contained in Chapter 40 of the Code of Federal Regulations (40 CFR), Section 261.

For waste containing metals, the waste is classified as California hazardous when: 1) the total metal content exceeds the respective Total Threshold Limit Concentration (TTLC); or 2) the soluble metal content exceeds the respective Soluble Threshold Limit Concentration (STLC) based on the standard Waste Extraction Test (WET). A waste may have the potential of exceeding the STLC when the waste's total metal content is greater than or equal to ten times the respective STLC value, since the WET uses a 1:10 dilution ratio. Hence, when a total metal is detected at a concentration greater than or equal to ten times the respective STLC, and assuming that 100 percent of the total metals are soluble, soluble metal analysis is required. A material is classified as RCRA hazardous, or Federal hazardous, when the soluble metal content exceeds the Federal regulatory level based on the Toxicity Characteristic Leaching Procedure (TCLP). The TTLC value for lead is 1,000 milligrams per kilogram (mg/kg). The STLC and TCLP values for lead are both 5.0 milligrams per liter (mg/l).

The above regulatory criteria are based on chemical concentrations. Wastes may also be classified as hazardous based on other criteria such as ignitability and corrosivity; however, for the purposes of this investigation, toxicity (i.e., lead concentrations) is the primary factor considered for waste classification since waste generated during the construction activities would not likely warrant testing for ignitability or corrosivity. Waste that is classified as either California-hazardous or RCRA-hazardous requires management as a hazardous waste.

The Department of Toxic Substances Control (DTSC) regulates and interprets hazardous waste laws in California. DTSC generally considers excavated or transported materials that exhibit "hazardous waste" characteristics to be a "waste" requiring proper management, treatment and disposal. Soil that contains lead above hazardous waste thresholds and is left in-place would not be necessarily classified by DTSC as a "waste." The DTSC has provided site-specific determinations that "movement of wastes within an area of contamination does not constitute "land disposal" and, thus, does not trigger hazardous waste disposal requirements." Therefore, lead-impacted soil that is scarified in-place, moisture-conditioned, and recompacted during roadway improvement activities might not be considered a "waste." DTSC should be consulted to confirm waste classification. It is noted that in addition to DTSC regulations, health and safety requirements and other local agency requirements may also apply to the handling and disposal of lead-impacted soil.

2.3 Previous Lead Investigation

Caltrans provided the *Aerially Deposited Lead Investigation Draft Report Interstate 5/Consumnes River Boulevard Interchange Project, 3-SAC-5, PM 14.2-15.6, Sacramento, California,* prepared by Blackburn Consulting, Inc. (BCI) dated February 4, 2008. BCI conducted a previous soil investigation along the shoulders of I-5 between PM 14.3 and 15.6 in Sacramento County under EA 1C5220. Borings were advanced at 200- to 250-foot intervals. Soil samples were collected from depth intervals of 0.0 to 0.5 foot, 1.5 to 2.0 feet and 2.5 to 3.0 feet and analyzed for total lead. Based on a review of the analytical

data obtained by BCI, total lead was detected in the soil samples at concentrations ranging from 3.2 to 74.4 mg/kg. Only one soil sample (ADL-52 24") had a total lead concentration greater than 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l). Samples collected from a depth interval of 2.5 to 3.0 feet had total lead concentrations ranging from 3.2 to 27.5 mg/kg, less than the 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l). Lead data from a depth interval of 2.5 to 3.0 feet were excluded from the statistical analysis per Caltrans' direction (presented in Section 5.4). The results of the site investigation are summarized in Section 6.0. A summary of the prior site investigation report is presented in Table 1.

The soil data from the previous lead investigation conducted by BCI are incorporated into this study.

3.0 SCOPE OF SERVICES

We performed the following scope of services as requested by Caltrans in TO No. 127:

3.1 Pre-field Activities

- Conducted a pre-work site visit on April 1, 2010, to discuss the TO scope of services. Caltrans TO Manager Alicia Beyer and Geocon representative Mike O'Brien attended the meeting. The purpose of the pre-work site visit was to identify and observe the project boundaries and conditions. The project limits were further outlined in white paint for subsequent utility clearance.
- Prepared a *Health and Safety Plan* dated April 6, 2010, to provide guidelines on the use of personal protective equipment and the health and safety procedures implemented during the field activities.
- Provided 48-hour notification to Underground Service Alert (Ticket Numbers 090433, 090438, 090445, 090450, 090460, 090465, 090470 and 090477) prior to job site mobilization.
- Retained the services of Advanced Technology Laboratories (ATL) to perform the chemical analysis of soil samples.

3.2 Field Activities

The field activities consisted of collecting soil samples along the shoulder and median areas of I-5 from PM 13.0 to 17.2. On April 7 and 8, 2010, 260 soil samples were collected from 65 direct-push borings at the Caltrans-designated soil sampling locations. The soil borings were excavated to an approximate maximum sampling depth of 3.0 feet along the shoulders of NB and SB I-5 approximately 3.0 feet and 10.0 feet from the edge of pavement (EOP). The soil borings were excavated to an approximate maximum sampling depth of 3.0 feet along the median of NB I-5 approximately 3.0 to 4.0 feet from EOP. The soil samples were collected at general depth intervals of 0.0 to 0.5 foot, 0.5 to 1.0 foot, 1.0 to 2.0 feet and 2.0 to 3.0 feet.

4.0 INVESTIGATIVE METHODS

4.1 Boring Location Rationale

The soil boring locations were designated by Caltrans in the vicinity of proposed improvements. Odd-numbered borings from NBS1 through NBS23 and NBS62 through NBS65 were located along the shoulders of I-5 approximately 3.0 feet from the NB EOP. Even-numbered borings from NBS2 through NBS24 were located along the shoulders of I-5 approximately 10.0 feet from the NB EOP. Odd-numbered borings from SBS25 through SBS49 (except SBS39) were located along the shoulders of I-5 approximately 10.0 feet from the SB EOP. Even-numbered borings from SBS26 through SBS48 and SBS39 were located along the shoulders of I-5 approximately 3.0 feet from the SB EOP. Borings NBM50 through NBM61 were advanced along the median of I-5 approximately 3.0 to 4.0 feet from the NB EOP. The borings were generally spaced at approximate 1,200-foot intervals. The approximate soil boring locations are depicted on Figures 3-1 through 3-16.

The coordinates of each boring location were determined using a differential global positioning system (GPS). The GPS was utilized during the field activities to locate the horizontal position of each location with an error of no more than 3.3 feet. The latitude and longitude of the boring locations are summarized in Table 1.

4.2 Soil Sampling Procedures

A total of 260 soil samples were collected from 65 direct-push borings excavated at the Site. Soil samples were collected in cellulose thermoplastic (acetate) liners driven by the direct-push rig. The acetate liners were cut open and the sample from a particular interval was transferred to a Ziploc® re-sealable plastic bag. The soil samples were field homogenized within the sample bags and subsequently labeled, placed in an ice chest, and delivered to ATL for analytical testing under chain-of-custody (COC) documentation.

Quality assurance/quality control (QA/QC) procedures were performed during the field exploration activities. These procedures included decontamination of sampling equipment before each boring was advanced and providing COC documentation for each sample submitted to the laboratory. The soil sampling equipment was cleansed between each boring by washing the equipment with an Alconox™ solution followed by a double rinse with deionized water. The field sampling activities were performed under the supervision of Geocon's field manager.

The direct-push borings were backfilled with the excess soil cuttings. The decontamination water was discharged to the ground surface away from surface water bodies or storm drain inlets.

4.3 Traffic Control

Caltrans provided traffic control, including the use of an attenuator truck and flashing arrow board truck, based on the proximity of the work zone with respect to the active traffic lanes.

4.4 Laboratory Analyses

The soil samples collected within the project boundaries were submitted to ATL for the following analyses under five-day turn-around-time (TAT). Per Caltrans' direction, soil samples collected from a depth interval of 2.0 to 3.0 feet were held by ATL and to be analyzed only if the respective sample from 1.0 to 2.0 feet had a total lead concentration greater than 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l). The laboratory was instructed to homogenize the soil samples prior to analysis in accordance with Contract 03A1368 requirements.

- One hundred ninety-five soil samples were analyzed for total lead following United States Environmental Protection Agency (EPA) Test Method 6010B.
- Fourteen soil samples were further analyzed for WET soluble lead following EPA Test Method 7420.
- Two soil samples were analyzed for TCLP soluble lead following EPA Test Methods 1311 and 7420.

4.5 Quality Assurance/Quality Control

QA/QC procedures were performed for each method of analysis with specificity for each analyte listed in the test method's QA/QC. The laboratory QA/QC procedures included the following:

- One method blank for every ten samples, batch of samples or type of matrix, whichever was more frequent.
- One sample analyzed in duplicate for every ten samples, batch of samples or type of matrix, whichever was more frequent.
- One spiked sample for every ten samples, batch of samples or type of matrix, whichever was more frequent, with the spike made at ten times the reporting limit or at the analyte level.

Prior to submitting the soil samples to the laboratory, the COC documentation was reviewed for accuracy and completeness. Reproductions of the laboratory reports and COC documentation are presented in Appendix A.

5.0 FIELD OBSERVATIONS AND INVESTIGATIVE RESULTS

5.1 Soil Conditions

Soil encountered during the excavation of borings was generally comprised of hard, dark grey to black clay to the maximum sampling depth of approximately 3.0 feet. Groundwater was not encountered in the soil borings.

5.2 ADL Soil Analytical Results

Total lead was detected in 169 of the 195 soil samples analyzed at concentrations ranging from 5.0 to 160 mg/kg. None of the soil sample collected from a depth interval of 2.0 to 3.0 feet was analyzed for total lead since the 1.0- to 2.0-foot samples had total lead concentrations less than 50 mg/kg. Fourteen of the 195 soil samples had reported total lead concentrations greater than or equal to 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l) and were further analyzed for WET soluble lead.

WET soluble lead was reported for each of the 14 soil samples analyzed at concentrations ranging from 0.64 to 11 mg/l. Five of the 14 soil samples had WET soluble lead concentrations greater than the STLC value for lead of 5.0 mg/l.

TCLP soluble lead was reported for one of the two soil samples analyzed at 0.38 mg/l.

A summary of the soil analytical results are presented in Table 1. The laboratory reports and COC documentation are presented in Appendix A.

5.3 Laboratory QA/QC

We reviewed the laboratory QA/QC provided with the laboratory reports. Relative percent difference for Duplicate (DUP) was outside criteria for several samples. However, the analytical batch was validated by the laboratory control sample. Based on the laboratory QA/QC data, no additional qualification of the data presented herein is necessary, and the data are of sufficient quality for the purposes of this report.

5.4 Statistical Evaluation for Lead Detected in Soil Samples

Statistical analysis was performed on three separate data populations including the NB shoulders, SB shoulders and median along I-5 as requested by Caltrans. Statistical analysis was performed utilizing lead data for soil samples collected under this TO in conjunction with lead data from a previous ADL investigation conducted by BCI. A comprehensive summary of lead and soil pH analytical results are presented on Table 1.

- Data Population #1 consists of soil samples collected along the shoulders of NB I-5.
- Data Population #2 consists of soil samples collected along the shoulders of SB I-5.
- Data Population #3 consists of soil samples collected along the median of I-5.

Based on a review of the sampling depth intervals, previous lead data for soil samples collected by BCI along the shoulders of I-5 from a depth interval of 2.5 to 3.0 feet were excluded from the statistical analysis per Caltrans' direction since statistical analysis was performed for soil samples collected from a depth of 2.0 feet or shallower.

Statistical methods were applied to the total lead data to evaluate: 1) the upper confidence limits (UCLs) of the arithmetic means of the total lead concentrations for each sampling depth. The statistical methods used are discussed in a book entitled *Statistical Methods for Environmental Pollution Monitoring,* by Richard Gilbert; in an EPA *Technology Support Center Issue* document entitled, *The Lognormal Distribution in Environmental Applications,* by Ashok Singh et. al., dated December 1997; and in a book entitled *An Introduction to the Bootstrap,* by Bradley Efron and Robert J. Tibshirani.

5.4.1 Calculating the UCLs for the Arithmetic Mean

The upper one-sided 90% and 95% UCLs of the arithmetic mean are defined as the values that, when calculated repeatedly for randomly drawn subsets of site data, equal or exceed the true mean 90% and 95% of the time, respectively. Statistical confidence limits are the classical tool for addressing uncertainties of a distribution mean. The UCLs of the arithmetic mean concentration are used as the mean concentrations because it is not possible to know the true mean due to the essentially infinite number of soil samples that could be collected from a site. The UCLs therefore account for uncertainties due to limited sampling data. As data become less limited at a site, uncertainties decrease, and the UCLs move closer to the true mean.

Non-parametric bootstrap techniques used to calculate the UCLs are discussed in the previously referenced EPA document and in *An Introduction to the Bootstrap.* For those samples in which total lead was not detected at concentrations exceeding the laboratory reporting limit, a value equal to one-half of the reporting limit was used in the UCL calculation. **The total lead concentrations ranged from less than the laboratory reporting limit of 1.0 mg/kg to 160 mg/kg. The average total lead concentration is 11.6 mg/kg.**

The bootstrap results are presented in Appendix B. The calculated UCLs and statistical results are summarized in the following tables:

Data Population #1 – NB I-5 Shoulder

SAMPLE INTERVAL (feet)	90% TOTAL LEAD UCL (mg/kg)	95% TOTAL LEAD UCL (mg/kg)	TOTAL LEAD MEAN (mg/kg)	MINIMUM VALUE (mg/kg)	MAXIMUM VALUE (mg/kg)
0.0 to 0.5	27.9	29.1	23.0	5.3	130
0.5 to 1.0	11.3	11.7	9.9	2.5	24
1.0 to 2.0	7.8	8.0	7.3	0.5	25

Data Population #2 - SB I-5 Shoulder

SAMPLE INTERVAL (feet)	90% TOTAL LEAD UCL (mg/kg)	95% TOTAL LEAD UCL (mg/kg)	TOTAL LEAD MEAN (mg/kg)	MINIMUM VALUE (mg/kg)	MAXIMUM VALUE (mg/kg)
0.0 to 0.5	20.4	21.6	16.4	2.5	160
0.5 to 1.0	10.3	10.7	8.8	2.5	28
1.0 to 2.0	10.4	10.8	8.9	2.5	74.4

Data Population #3 - I-5 Median

SAMPLE INTERVAL (feet)	90% TOTAL LEAD UCL (mg/kg)	95% TOTAL LEAD UCL (mg/kg)	TOTAL LEAD MEAN (mg/kg)	MINIMUM VALUE (mg/kg)	MAXIMUM VALUE (mg/kg)
0.0 to 0.5	11.1	11.6	9.1	2.5	19
0.5 to 1.0	6.4	6.7	5.5	2.5	11
1.0 to 2.0	6.1	6.4	5.2	2.5	12

6.0 CONCLUSIONS AND RECOMMENDATIONS

Hazardous waste classification based on the 90% UCL is considered sufficient to satisfy a good faith effort as discussed in SW-846. Risk assessment characterization is typically based on the 95% UCL in accordance with the Risk Assessment Guidance for Superfund (RAGS) Volume 1 Documentation for Exposure Assessment. Per Caltrans, the 90% UCLs are to be used to evaluate onsite reuse, and the 95% UCLs are to be used to evaluate offsite reuse or disposal.

6.1 Data Population #1 – NB I-5 Shoulder

Soil generated from excavations to a depth of 2.0 feet or shallower along the shoulder of NB I-5 from PM 13.0 to 17.2 would not be classified as a California hazardous waste since the calculated 90% and 95% total lead UCLs are less than 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l). Consequently, soil generated from excavations to 2.0 feet or shallower could be reused onsite or disposed of as non-hazardous soil with respect to lead content.

6.2 Data Population #2 – SB I-5 Shoulder

Soil generated from excavations to a depth of 2.0 feet or shallower along the shoulder of SB I-5 from PM 13.0 to 17.2 would not be classified as a California hazardous waste since the calculated 90% and 95% total lead UCLs are less than 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l). Consequently, soil generated from excavations to 2.0 feet or shallower could be reused onsite or disposed of as non-hazardous soil with respect to lead content.

6.3 Data Population #3 – I-5 Median

Soil generated from excavations to a depth of 2.0 feet or shallower within the I-5 median from PM 13.0 to 17.2 would not be classified as a California hazardous waste since the calculated 90% and 95% total lead UCLs are less than 50 mg/kg (ten times the STLC value for lead of 5.0 mg/l). Consequently, soil generated from excavations to 2.0 feet or shallower could be reused onsite or disposed of as non-hazardous soil with respect to lead content.

6.4 Worker Protection

Per Caltrans' requirements, the contractor(s) should prepare a project-specific Lead Compliance Plan (CCR Title 8, Section 1532.1, the "Lead in Construction" standard) to minimize worker exposure to lead-impacted soil. The plan should include protocols for environmental and personnel monitoring, requirements for personal protective equipment, and other health and safety protocols and procedures for the handling of lead-impacted soil.

7.0 REPORT LIMITATIONS

This report has been prepared exclusively for Caltrans. The information contained herein is only valid as of the date of the report and will require an update to reflect additional information obtained.

This report is not a comprehensive site characterization and should not be construed as such. The findings as presented in this report are predicated on the results of the limited sampling and laboratory testing performed. In addition, the information obtained is not intended to address potential impacts related to sources other than those specified herein. Therefore, the report should be deemed conclusive with respect to only the information obtained. We make no warranty, express or implied, with respect to the content of this report or any subsequent reports, correspondence or consultation. We strived to perform the services summarized herein in accordance with the local standard of care in the geographic region at the time the services were rendered.

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
BLACKBURN CONSULTING, INC.							
ADL-0	0.0 to 0.5	10/2/2007	38.47340	-121.50140	8.9	---	---
	1.5 to 2.0	10/2/2007			6.1	---	---
	2.5 to 3.0	10/2/2007			<1.0	---	---
ADL-1	0.0 to 0.5	10/2/2007	38.47299	-121.50090	9.9	---	---
	1.5 to 2.0	10/2/2007			7.0	---	---
	2.5 to 3.0	10/2/2007			6.9	---	---
ADL-2	0.0 to 0.5	10/2/2007	38.47326	-121.50199	4.2	---	---
	1.5 to 2.0	10/2/2007			4.8	---	---
	2.5 to 3.0	10/2/2007			6.6	---	---
ADL-3	0.0 to 0.5	10/2/2007	38.47263	-121.50048	19.9	0.2	6.72
	1.5 to 2.0	10/2/2007			<1.0	---	---
	2.5 to 3.0	10/2/2007			5.3	---	---
ADL-4	0.0 to 0.5	10/2/2007	38.47285	-121.50153	17.0	0.2	7.10
	1.5 to 2.0	10/2/2007			6.9	---	---
	2.5 to 3.0	10/2/2007			8.9	---	---
ADL-5	0.0 to 0.5	10/2/2007	38.47212	-121.50005	6.3	---	---
	1.5 to 2.0	10/2/2007			6.6	---	---
	2.5 to 3.0	10/2/2007			6.1	---	---
ADL-6	0.0 to 0.5	10/2/2007	38.47242	-121.50107	5.8	---	---
	1.5 to 2.0	10/2/2007			6.7	---	---
	2.5 to 3.0	10/2/2007			4.6	---	---
ADL-7	0.0 to 0.5	10/2/2007	38.47169	-121.49968	7.2	---	---
	1.5 to 2.0	10/2/2007			6.9	---	---
	2.5 to 3.0	10/2/2007			5.7	---	---
ADL-8	0.0 to 0.5	10/2/2007	38.47196	-121.50065	8.1	---	---
	1.5 to 2.0	10/2/2007			9.4	---	---
	2.5 to 3.0	10/2/2007			8.0	---	---
ADL-9	0.0 to 0.5	10/2/2007	38.47129	-121.49937	8.8	---	---
	1.5 to 2.0	10/2/2007			6.3	---	---
	2.5 to 3.0	10/2/2007			6.8	---	---
ADL-10	0.0 to 0.5	10/2/2007	38.47156	-121.50030	15.1	<0.2	6.94
	1.5 to 2.0	10/2/2007			9.7	---	---
	2.5 to 3.0	10/2/2007			6.0	---	---
ADL-11	0.0 to 0.5	10/2/2007	38.47094	-121.49911	5.3	---	---
	1.5 to 2.0	10/2/2007			6.2	---	---
	2.5 to 3.0	10/2/2007			6.1	---	---
ADL-12	0.0 to 0.5	10/2/2007	38.47111	-121.49992	6.1	---	---
	1.5 to 2.0	10/2/2007			9.1	---	---
	2.5 to 3.0	10/2/2007			7.7	---	---

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
ADL-13	0.0 to 0.5	10/2/2007	38.47047	-121.49873	7.6	---	---
	1.5 to 2.0	10/2/2007			9.1	---	---
	2.5 to 3.0	10/2/2007			6.7	---	---
ADL-14	0.0 to 0.5	10/2/2007	38.47064	-121.49955	8.5	---	---
	1.5 to 2.0	10/2/2007			6.3	---	---
	2.5 to 3.0	10/2/2007			5.5	---	---
ADL-15	0.0 to 0.5	10/2/2007	38.46998	-121.49840	6.3	---	---
	1.5 to 2.0	10/2/2007			5.1	---	---
	2.5 to 3.0	10/2/2007			6.4	---	---
ADL-16	0.0 to 0.5	10/2/2007	38.47018	-121.49916	7.8	---	---
	1.5 to 2.0	10/2/2007			4.6	---	---
	2.5 to 3.0	10/2/2007			27.5	<0.2	6.80
ADL-17	0.0 to 0.5	10/2/2007	38.46947	-121.49810	8.9	---	---
	1.5 to 2.0	10/2/2007			6.4	---	---
	2.5 to 3.0	10/2/2007			5.9	---	---
ADL-18	0.0 to 0.5	10/2/2007	38.4697	-121.49887	7.2	---	---
	1.5 to 2.0	10/2/2007			8.3	---	---
	2.5 to 3.0	10/2/2007			8.2	---	---
ADL-19	0.0 to 0.5	10/2/2007	38.46909	-121.49784	7.3	---	---
	1.5 to 2.0	10/2/2007			6.1	---	---
	2.5 to 3.0	10/2/2007			4.1	---	---
ADL-20	0.0 to 0.5	10/2/2007	38.46921	-121.49858	9.9	---	---
	1.5 to 2.0	10/2/2007			5.9	---	---
	2.5 to 3.0	10/2/2007			10.2	---	---
ADL-21	0.0 to 0.5	10/2/2007	38.46858	-121.49758	5.4	---	---
	1.5 to 2.0	10/2/2007			6.5	---	---
	2.5 to 3.0	10/2/2007			5.8	---	---
ADL-22	0.0 to 0.5	10/2/2007	38.46874	-121.49828	5.9	---	---
	1.5 to 2.0	10/2/2007			5.1	---	---
	2.5 to 3.0	10/2/2007			9.0	---	---
ADL-23	0.0 to 0.5	10/2/2007	38.46808	-121.49733	6.6	---	---
	1.5 to 2.0	10/2/2007			6.6	---	---
	2.5 to 3.0	10/2/2007			3.2	---	---
ADL-24	0.0 to 0.5	10/2/2007	38.46824	-121.49800	13.2	---	---
	1.5 to 2.0	10/2/2007			7.7	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-25	0.0 to 0.5	10/2/2007	38.46754	-121.49710	7.6	---	---
	1.5 to 2.0	10/2/2007			8.7	---	---
	2.5 to 3.0	10/2/2007			5.5	---	---

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
ADL-26	0.0 to 0.5	10/2/2007	38.46772	-121.49778	13.6	---	---
	1.5 to 2.0	10/2/2007			11.6	---	---
	2.5 to 3.0	10/2/2007			7.9	---	---
ADL-27	0.0 to 0.5	10/2/2007	38.46706	-121.49688	8.5	---	---
	1.5 to 2.0	10/2/2007			7.5	---	---
	2.5 to 3.0	10/2/2007			6.1	---	---
ADL-28	0.0 to 0.5	10/2/2007	38.46721	-121.49749	8.1	---	---
	1.5 to 2.0	10/2/2007			6.6	---	---
	2.5 to 3.0	10/2/2007			5.4	---	---
ADL-29	0.0 to 0.5	10/2/2007	38.46649	-121.49670	7.3	---	---
	1.5 to 2.0	10/2/2007			6.9	---	---
	2.5 to 3.0	10/2/2007			6.4	---	---
ADL-30	0.0 to 0.5	10/2/2007	38.46666	-121.49734	10.8	---	---
	1.5 to 2.0	10/2/2007			8.6	---	---
	2.5 to 3.0	10/2/2007			5.5	---	---
ADL-31	0.0 to 0.5	10/2/2007	38.46594	-121.49653	11.1	---	---
	1.5 to 2.0	10/2/2007			7.8	---	---
	2.5 to 3.0	10/2/2007			8.4	---	---
ADL-32	0.0 to 0.5	10/2/2007	38.46615	-121.49717	5.8	---	---
	1.5 to 2.0	10/2/2007			4.7	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-33	0.0 to 0.5	10/2/2007	38.46532	-121.49634	7.5	---	---
	1.5 to 2.0	10/2/2007			<1.0	---	---
	2.5 to 3.0	10/2/2007			7.5	---	---
ADL-34	0.0 to 0.5	10/2/2007	38.46563	-121.49704	10.3	---	---
	1.5 to 2.0	10/2/2007			7.0	---	---
	2.5 to 3.0	10/2/2007			7.4	---	---
ADL-35	0.0 to 0.5	10/2/2007	38.46493	-121.49620	29.6	0.2	7.2
	1.5 to 2.0	10/2/2007			6.6	---	---
	2.5 to 3.0	10/2/2007			6.7	---	---
ADL-36	0.0 to 0.5	10/2/2007	38.46506	-121.49689	8.3	---	---
	1.5 to 2.0	10/2/2007			17.6	---	---
	2.5 to 3.0	10/2/2007			10.3	---	---
ADL-37	0.0 to 0.5	10/2/2007	38.46438	-121.49604	8.1	---	---
	1.5 to 2.0	10/2/2007			7.9	---	---
	2.5 to 3.0	10/2/2007			7.3	---	---
ADL-38	0.0 to 0.5	10/2/2007	38.46453	-121.49673	10.5	---	---
	1.5 to 2.0	10/2/2007			6.7	---	---
	2.5 to 3.0	10/2/2007			7.1	---	---

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EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
ADL-39	0.0 to 0.5	10/2/2007	38.46385	-121.49586	11.4	---	---
	1.5 to 2.0	10/2/2007			9.9	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-40	0.0 to 0.5	10/2/2007	38.46397	-121.49658	9.6	---	---
	1.5 to 2.0	10/2/2007			11.4	---	---
	2.5 to 3.0	10/2/2007			6.7	---	---
ADL-41	0.0 to 0.5	10/2/2007	38.46331	-121.49571	9.5	---	---
	1.5 to 2.0	10/2/2007			10.3	---	---
	2.5 to 3.0	10/2/2007			8.1	---	---
ADL-42	0.0 to 0.5	10/2/2007	38.46350	-121.49633	8.0	---	---
	1.5 to 2.0	10/2/2007			10.5	---	---
	2.5 to 3.0	10/2/2007			9.1	---	---
ADL-43	0.0 to 0.5	10/2/2007	38.46278	-121.49551	11.6	---	---
	1.5 to 2.0	10/2/2007			7.6	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-44	0.0 to 0.5	10/2/2007	38.46295	-121.49618	8.8	---	---
	1.5 to 2.0	10/2/2007			9.4	---	---
	2.5 to 3.0	10/2/2007			6.9	---	---
ADL-45	0.0 to 0.5	10/2/2007	38.46226	-121.49537	8.8	---	---
	1.5 to 2.0	10/2/2007			10.4	---	---
	2.5 to 3.0	10/2/2007			7.4	---	---
ADL-46	0.0 to 0.5	10/2/2007	38.46245	-121.49597	8.6	---	---
	1.5 to 2.0	10/2/2007			8.8	---	---
	2.5 to 3.0	10/2/2007			10.1	---	---
ADL-47	0.0 to 0.5	10/2/2007	38.46172	-121.49520	9.1	---	---
	1.5 to 2.0	10/2/2007			7.4	---	---
	2.5 to 3.0	10/2/2007			9.0	---	---
ADL-48	0.0 to 0.5	10/2/2007	38.46189	-121.49581	10.9	---	---
	1.5 to 2.0	10/2/2007			8.3	---	---
	2.5 to 3.0	10/2/2007			8.9	---	---
ADL-49	0.0 to 0.5	10/2/2007	38.46120	-121.49498	10.7	---	---
	1.5 to 2.0	10/2/2007			9.8	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-50	0.0 to 0.5	10/2/2007	38.46134	-121.49564	7.5	---	---
	1.5 to 2.0	10/2/2007			7.5	---	---
	2.5 to 3.0	10/2/2007			7.9	---	---
ADL-51	0.0 to 0.5	10/2/2007	38.46066	-121.49485	36.1	<0.2	6.88
	1.5 to 2.0	10/2/2007			9.4	---	---
	2.5 to 3.0	10/2/2007			7.1	---	---

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INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
ADL-52	0.0 to 0.5	10/2/2007	38.4608	-121.49544	6.9	---	---
	1.5 to 2.0	10/2/2007			74.4	<0.2	6.65
	2.5 to 3.0	10/2/2007			9.5	---	---
ADL-53	0.0 to 0.5	10/2/2007	38.46014	-121.49467	11.6	---	---
	1.5 to 2.0	10/2/2007			9.1	---	---
	2.5 to 3.0	10/2/2007			10.5	---	---
ADL-54	0.0 to 0.5	10/2/2007	38.46027	-121.49529	8.2	---	---
	1.5 to 2.0	10/2/2007			8.3	---	---
	2.5 to 3.0	10/2/2007			8.3	---	---
ADL-55	0.0 to 0.5	10/2/2007	38.45974	-121.49455	8.0	---	---
	1.5 to 2.0	10/2/2007			8.5	---	---
	2.5 to 3.0	10/2/2007			7.2	---	---
ADL-56	0.0 to 0.5	10/2/2007	38.45975	-121.49512	5.6	---	---
	1.5 to 2.0	10/2/2007			7.6	---	---
	2.5 to 3.0	10/2/2007			6.4	---	---
ADL-57	0.0 to 0.5	10/2/2007	38.45935	-121.49442	9.0	---	---
	1.5 to 2.0	10/2/2007			9.3	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-58	0.0 to 0.5	10/2/2007	38.45921	-121.49495	6.9	---	---
	1.5 to 2.0	10/2/2007			7.2	---	---
	2.5 to 3.0	10/2/2007			8.6	---	---
ADL-59	0.0 to 0.5	10/2/2007	38.45880	-121.49424	6.3	---	---
	1.5 to 2.0	10/2/2007			7.9	---	---
	2.5 to 3.0	10/2/2007			9.6	---	---
ADL-60	0.0 to 0.5	10/2/2007	38.45870	-121.49483	9.5	---	---
	1.5 to 2.0	10/2/2007			6.3	---	---
	2.5 to 3.0	10/2/2007			7.0	---	---
ADL-61	0.0 to 0.5	10/2/2007	38.45835	-121.49412	6.1	---	---
	1.5 to 2.0	10/2/2007			9.2	---	---
	2.5 to 3.0	10/2/2007			8.0	---	---
ADL-62	0.0 to 0.5	10/2/2007	38.45812	-121.49459	6.2	---	---
	1.5 to 2.0	10/2/2007			6.9	---	---
	2.5 to 3.0	10/2/2007			7.7	---	---
ADL-63	0.0 to 0.5	10/2/2007	38.45783	-121.49392	8.2	---	---
	1.5 to 2.0	10/2/2007			6.3	---	---
	2.5 to 3.0	10/2/2007			9.3	---	---
ADL-64	0.0 to 0.5	10/2/2007	38.45759	-121.49443	4.6	---	---
	1.5 to 2.0	10/2/2007			10.2	---	---
	2.5 to 3.0	10/2/2007			4.9	---	---

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
ADL-65	0.0 to 0.5	10/2/2007	38.45727	-121.49376	7.2	---	---
	1.5 to 2.0	10/2/2007			9.8	---	---
	2.5 to 3.0	10/2/2007			5.4	---	---
ADL-66	0.0 to 0.5	10/2/2007	38.45706	-121.49426	4.6	---	---
	1.5 to 2.0	10/2/2007			8.8	---	---
	2.5 to 3.0	10/2/2007			6.5	---	---
GEOCON CONSULTANTS, INC.							
NBS1-0.0	0.0 to 0.5	4/7/2010	38.44116763	-121.4902328	17	---	---
NBS1-0.5	0.5 to 1.0	4/7/2010			20	---	---
NBS1-1.0	1.0 to 2.0	4/7/2010			5.6	---	---
NBS2-0.0	0.0 to 0.5	4/7/2010	38.44452500	-121.4909459	6.1	---	---
NBS2-0.5	0.5 to 1.0	4/7/2010			6.1	---	---
NBS2-1.0	1.0 to 2.0	4/7/2010			6.1	---	---
NBS3-0.0	0.0 to 0.5	4/7/2010	38.44781079	-121.4916164	19	---	---
NBS3-0.5	0.5 to 1.0	4/7/2010			7.6	---	---
NBS3-1.0	1.0 to 2.0	4/7/2010			5.3	---	---
NBS4-0.0	0.0 to 0.5	4/7/2010	38.45109451	-121.492293	18	---	---
NBS4-0.5	0.5 to 1.0	4/7/2010			6.0	---	---
NBS4-1.0	1.0 to 2.0	4/7/2010			6.1	---	---
NBS5-0.0	0.0 to 0.5	4/7/2010	38.45430602	-121.4929537	5.3	---	---
NBS5-0.5	0.5 to 1.0	4/7/2010			8.4	---	---
NBS5-1.0	1.0 to 2.0	4/7/2010			8.3	---	---
NBS6-0.0	0.0 to 0.5	4/7/2010	38.45760616	-121.4938623	6.4	---	---
NBS6-0.5	0.5 to 1.0	4/7/2010			7.4	---	---
NBS6-1.0	1.0 to 2.0	4/7/2010			9.3	---	---
NBS7-0.0	0.0 to 0.5	4/7/2010	38.46078796	-121.4948618	7.5	---	---
NBS7-0.5	0.5 to 1.0	4/7/2010			15	---	---
NBS7-1.0	1.0 to 2.0	4/7/2010			6.4	---	---
NBS8-0.0	0.0 to 0.5	4/7/2010	38.46395563	-121.4958939	8.8	---	---
NBS8-0.5	0.5 to 1.0	4/7/2010			9.7	---	---
NBS8-1.0	1.0 to 2.0	4/7/2010			12	---	---
NBS9-0.0	0.0 to 0.5	4/7/2010	38.46717511	-121.4969773	5.3	---	---
NBS9-0.5	0.5 to 1.0	4/7/2010			9.4	---	---
NBS9-1.0	1.0 to 2.0	4/7/2010			7.0	---	---
NBS10-0.0	0.0 to 0.5	4/7/2010	38.47021378	-121.4985736	8.0	---	---
NBS10-0.5	0.5 to 1.0	4/7/2010			15	---	---
NBS10-1.0	1.0 to 2.0	4/7/2010			7.4	---	---
NBS11-0.0	0.0 to 0.5	4/7/2010	38.47246489	-121.5004254	5.7	---	---
NBS11-0.5	0.5 to 1.0	4/7/2010			<5.0	---	---
NBS11-1.0	1.0 to 2.0	4/7/2010			6.0	---	---

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
NBS12-0.0	0.0 to 0.5	4/7/2010	38.47867613	-121.5081974	9.3	---	---
NBS12-0.5	0.5 to 1.0	4/7/2010			6.0	---	---
NBS12-1.0	1.0 to 2.0	4/7/2010			7.5	---	---
NBS13-0.0	0.0 to 0.5	4/7/2010	38.47869245	-121.5081855	23	---	---
NBS13-0.5	0.5 to 1.0	4/7/2010			<5.0	---	---
NBS13-1.0	1.0 to 2.0	4/7/2010			5.1	---	---
NBS14-0.0	0.0 to 0.5	4/7/2010	38.47943502	-121.5090494	10	---	---
NBS14-0.5	0.5 to 1.0	4/7/2010			9.1	---	---
NBS14-1.0	1.0 to 2.0	4/7/2010			7.1	---	---
NBS15-0.0	0.0 to 0.5	4/7/2010	38.48029616	-121.5097026	26	---	---
NBS15-0.5	0.5 to 1.0	4/7/2010			6.5	---	---
NBS15-1.0	1.0 to 2.0	4/7/2010			9.0	---	---
NBS16-0.0	0.0 to 0.5	4/7/2010	38.48179307	-121.510571	25	---	---
NBS16-0.5	0.5 to 1.0	4/7/2010			7.0	---	---
NBS16-1.0	1.0 to 2.0	4/7/2010			7.9	---	---
NBS17-0.0	0.0 to 0.5	4/7/2010	38.48277087	-121.5109944	55	2.6	---
NBS17-0.5	0.5 to 1.0	4/7/2010			7.3	---	---
NBS17-1.0	1.0 to 2.0	4/7/2010			6.2	---	---
NBS18-0.0	0.0 to 0.5	4/7/2010	38.48408838	-121.5114581	95	3.6	---
NBS18-0.5	0.5 to 1.0	4/7/2010			24	---	---
NBS18-1.0	1.0 to 2.0	4/7/2010			9.4	---	---
NBS19-0.0	0.0 to 0.5	4/7/2010	38.48484316	-121.5118145	94	**8.9**	---
NBS19-0.5	0.5 to 1.0	4/7/2010			18	---	---
NBS19-1.0	1.0 to 2.0	4/7/2010			25	---	---
NBS20-0.0	0.0 to 0.5	4/7/2010	38.48590148	-121.5123163	29	---	---
NBS20-0.5	0.5 to 1.0	4/7/2010			11	---	---
NBS20-1.0	1.0 to 2.0	4/7/2010			6.9	---	---
NBS21-0.0	0.0 to 0.5	4/7/2010	38.48690491	-121.5127078	90	**11**	---
NBS21-0.5	0.5 to 1.0	4/7/2010			19	---	---
NBS21-1.0	1.0 to 2.0	4/7/2010			7.9	---	---
NBS22-0.0	0.0 to 0.5	4/7/2010	38.48806062	-121.5131873	58	3.1	---
NBS22-0.5	0.5 to 1.0	4/7/2010			19	---	---
NBS22-1.0	1.0 to 2.0	4/7/2010			9.5	---	---
NBS23-0.0	0.0 to 0.5	4/7/2010	38.4894208	-121.5137435	130	**6.8**	---
NBS23-0.5	0.5 to 1.0	4/7/2010			<5.0	---	---
NBS23-1.0	1.0 to 2.0	4/7/2010			<5.0	---	---
NBS24-0.0	0.0 to 0.5	4/7/2010	38.4900676	-121.5140199	25	---	---
NBS24-0.5	0.5 to 1.0	4/7/2010			10	---	---
NBS24-1.0	1.0 to 2.0	4/7/2010			8.2	---	---

TABLE 1
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EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
SBS25-0.0	0.0 to 0.5	4/8/2010	38.4930566	-121.5159777	12	---	---
SBS25-0.5	0.5 to 1.0	4/8/2010			8.9	---	---
SBS25-1.0	1.0 to 2.0	4/8/2010			9.4	---	---
SBS26-0.0	0.0 to 0.5	4/8/2010	38.4920362	-121.515494	160	**11** (0.38)	---
SBS26-0.5	0.5 to 1.0	4/8/2010			28	---	---
SBS26-1.0	1.0 to 2.0	4/8/2010			8.8	---	---
SBS27-0.0	0.0 to 0.5	4/8/2010	38.49113591	-121.5150721	56	1.8	---
SBS27-0.5	0.5 to 1.0	4/8/2010			8.7	---	---
SBS27-1.0	1.0 to 2.0	4/8/2010			7.3	---	---
SBS28-0.0	0.0 to 0.5	4/8/2010	38.4900673	-121.5145799	43	---	---
SBS28-0.5	0.5 to 1.0	4/8/2010			27	---	---
SBS28-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
SBS29-0.0	0.0 to 0.5	4/8/2010	38.48924014	-121.5142566	61	0.64	---
SBS29-0.5	0.5 to 1.0	4/8/2010			9.7	---	---
SBS29-1.0	1.0 to 2.0	4/8/2010			9.8	---	---
SBS30-0.0	0.0 to 0.5	4/8/2010	38.48805984	-121.5137988	55	3.3	---
SBS30-0.5	0.5 to 1.0	4/8/2010			8.1	---	---
SBS30-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
SBS31-0.0	0.0 to 0.5	4/8/2010	38.48711831	-121.5133608	20	---	---
SBS31-0.5	0.5 to 1.0	4/8/2010			6.2	---	---
SBS31-1.0	1.0 to 2.0	4/8/2010			11	---	---
SBS32-0.0	0.0 to 0.5	4/8/2010	38.48592643	-121.5128358	65	2.4	---
SBS32-0.5	0.5 to 1.0	4/8/2010			10	---	---
SBS32-1.0	1.0 to 2.0	4/8/2010			9.1	---	---
SBS33-0.0	0.0 to 0.5	4/8/2010	38.48484148	-121.5124935	23	---	---
SBS33-0.5	0.5 to 1.0	4/8/2010			12	---	---
SBS33-1.0	1.0 to 2.0	4/8/2010			5.8	---	---
SBS34-0.0	0.0 to 0.5	4/8/2010	38.48356405	-121.5119093	34	---	---
SBS34-0.5	0.5 to 1.0	4/8/2010			11	---	---
SBS34-1.0	1.0 to 2.0	4/8/2010			6.1	---	---
SBS35-0.0	0.0 to 0.5	4/8/2010	38.4827461	-121.511568	14	---	---
SBS35-0.5	0.5 to 1.0	4/8/2010			7.3	---	---
SBS35-1.0	1.0 to 2.0	4/8/2010			6.7	---	---
SBS36-0.0	0.0 to 0.5	4/8/2010	38.48168095	-121.5111901	11	---	---
SBS36-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
SBS36-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
SBS37-0.0	0.0 to 0.5	4/8/2010	38.48070479	-121.5106229	13	---	---
SBS37-0.5	0.5 to 1.0	4/8/2010			5.8	---	---
SBS37-1.0	1.0 to 2.0	4/8/2010			6.2	---	---

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
SBS38-0.0	0.0 to 0.5	4/8/2010	38.47968402	-121.5098925	35	---	---
SBS38-0.5	0.5 to 1.0	4/8/2010			5.6	---	---
SBS38-1.0	1.0 to 2.0	4/8/2010			6.0	---	---
SBS39-0.0	0.0 to 0.5	4/8/2010	38.47354267	-121.5023048	9.8	---	---
SBS39-0.5	0.5 to 1.0	4/8/2010			5.6	---	---
SBS39-1.0	1.0 to 2.0	4/8/2010			5.8	---	---
SBS40-0.0	0.0 to 0.5	4/8/2010	38.47087632	-121.4997315	7.1	---	---
SBS40-0.5	0.5 to 1.0	4/8/2010			7.2	---	---
SBS40-1.0	1.0 to 2.0	4/8/2010			7.3	---	---
SBS41-0.0	0.0 to 0.5	4/8/2010	38.46781184	-121.4978542	11	---	---
SBS41-0.5	0.5 to 1.0	4/8/2010			6.4	---	---
SBS41-1.0	1.0 to 2.0	4/8/2010			12	---	---
SBS42-0.0	0.0 to 0.5	4/8/2010	38.46457916	-121.4967059	<5.0	---	---
SBS42-0.5	0.5 to 1.0	4/8/2010			7.1	---	---
SBS42-1.0	1.0 to 2.0	4/8/2010			12	---	---
SBS43-0.0	0.0 to 0.5	4/8/2010	38.46149253	-121.4957213	7.0	---	---
SBS43-0.5	0.5 to 1.0	4/8/2010			5.5	---	---
SBS43-1.0	1.0 to 2.0	4/8/2010			8.5	---	---
SBS44-0.0	0.0 to 0.5	4/8/2010	38.45830777	-121.4946775	<5.0	---	---
SBS44-0.5	0.5 to 1.0	4/8/2010			7.0	---	---
SBS44-1.0	1.0 to 2.0	4/8/2010			5.7	---	---
SBS45-0.0	0.0 to 0.5	4/8/2010	38.45508826	-121.4937138	6.0	---	---
SBS45-0.5	0.5 to 1.0	4/8/2010			6.5	---	---
SBS45-1.0	1.0 to 2.0	4/8/2010			8.4	---	---
SBS46-0.0	0.0 to 0.5	4/8/2010	38.4519602	-121.4930454	6.8	---	---
SBS46-0.5	0.5 to 1.0	4/8/2010			5.4	---	---
SBS46-1.0	1.0 to 2.0	4/8/2010			14	---	---
SBS47-0.0	0.0 to 0.5	4/8/2010	38.44833657	-121.4922984	6.0	---	---
SBS47-0.5	0.5 to 1.0	4/8/2010			6.1	---	---
SBS47-1.0	1.0 to 2.0	4/8/2010			5.0	---	---
SBS48-0.0	0.0 to 0.5	4/8/2010	38.44529067	-121.49168	<5.0	---	---
SBS48-0.5	0.5 to 1.0	4/8/2010			5.6	---	---
SBS48-1.0	1.0 to 2.0	4/8/2010			5.3	---	---
SBS49-0.0	0.0 to 0.5	4/8/2010	38.44207475	-121.4909975	7.1	---	---
SBS49-0.5	0.5 to 1.0	4/8/2010			5.7	---	---
SBS49-1.0	1.0 to 2.0	4/8/2010			7.2	---	---
NBM50-0.0	0.0 to 0.5	4/8/2010	38.44128081	-121.4904564	5.6	---	---
NBM50-0.5	0.5 to 1.0	4/8/2010			10	---	---
NBM50-1.0	1.0 to 2.0	4/8/2010			5.3	---	---

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EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
NBM51-0.0	0.0 to 0.5	4/8/2010	38.44792538	-121.4918543	<5.0	---	---
NBM51-0.5	0.5 to 1.0	4/8/2010			5.5	---	---
NBM51-1.0	1.0 to 2.0	4/8/2010			6.2	---	---
NBM52-0.0	0.0 to 0.5	4/8/2010	38.45448517	-121.4932218	15	---	---
NBM52-0.5	0.5 to 1.0	4/8/2010			6.1	---	---
NBM52-1.0	1.0 to 2.0	4/8/2010			5.8	---	---
NBM53-0.0	0.0 to 0.5	4/8/2010	38.46090826	-121.4951588	5.8	---	---
NBM53-0.5	0.5 to 1.0	4/8/2010			11	---	---
NBM53-1.0	1.0 to 2.0	4/8/2010			12	---	---
NBM54-0.0	0.0 to 0.5	4/8/2010	38.46734500	-121.4972739	13	---	---
NBM54-0.5	0.5 to 1.0	4/8/2010			5.9	---	---
NBM54-1.0	1.0 to 2.0	4/8/2010			5.4	---	---
NBM55-0.0	0.0 to 0.5	4/8/2010	38.47327842	-121.5015969	6.3	---	---
NBM55-0.5	0.5 to 1.0	4/8/2010			5.4	---	---
NBM55-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
NBM56-0.0	0.0 to 0.5	4/8/2010	38.47682158	-121.5062144	17	---	---
NBM56-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
NBM56-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
NBM57-0.0	0.0 to 0.5	4/8/2010	38.47929683	-121.5091763	8.7	---	---
NBM57-0.5	0.5 to 1.0	4/8/2010			6.0	---	---
NBM57-1.0	1.0 to 2.0	4/8/2010			6.6	---	---
NBM58-0.0	0.0 to 0.5	4/8/2010	38.48300000	-121.5113382	7.9	---	---
NBM58-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
NBM58-1.0	1.0 to 2.0	4/8/2010			5.2	---	---
NBM59-0.0	0.0 to 0.5	4/8/2010	38.48604227	-121.5125695	19	---	---
NBM59-0.5	0.5 to 1.0	4/8/2010			5.5	---	---
NBM59-1.0	1.0 to 2.0	4/8/2010			5.4	---	---
NBM60-0.0	0.0 to 0.5	4/8/2010	38.48967497	-121.5140886	5.4	---	---
NBM60-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
NBM60-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
NBM61-0.0	0.0 to 0.5	4/8/2010	38.49197353	-121.5150725	<5.0	---	---
NBM61-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
NBM61-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
NBS62-0.0	0.0 to 0.5	4/8/2010	38.49108524	-121.5143507	57	4.6	---
NBS62-0.5	0.5 to 1.0	4/8/2010			13	---	---
NBS62-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
NBS63-0.0	0.0 to 0.5	4/8/2010	38.49203335	-121.5148663	100	3.3	---
NBS63-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
NBS63-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---

TABLE 1
SUMMARY OF SOIL BORING COORDINATES, LEAD AND SOIL pH ANALYTICAL RESULTS
EA 03-0F5901
INTERSTATE 5 POST MILE 13.0 TO 17.2
SACRAMENTO COUNTY, CALIFORNIA

BORING ID	SAMPLE INTERVAL (feet)	SAMPLE DATE	LATITUDE	LONGITUDE	TOTAL LEAD (mg/kg)	WET LEAD/(TCLP) (mg/l)	SOIL pH
NBS64-0.0	0.0 to 0.5	4/8/2010	38.49285325	-121.5151198	21	---	---
NBS64-0.5	0.5 to 1.0	4/8/2010			<5.0	---	---
NBS64-1.0	1.0 to 2.0	4/8/2010			<5.0	---	---
NBS65-0.0	0.0 to 0.5	4/8/2010	38.49383336	-121.5155683	130	**7.8** (<0.25)	---
NBS65-0.5	0.5 to 1.0	4/8/2010			9.7	---	---
NBS65-1.0	1.0 to 2.0	4/8/2010			5.2	---	---

Notes: NBS1-0.0

Top of sample depth interval in feet below ground surface

Boring identification

mg/kg = Milligrams per kilogram

mg/l = Milligrams per liter

< = Less than the laboratory reporting limits

--- = Not analyzed

WET = Waste Extraction Test analyzed by EPA Method 7420

(0.38) = Toxicity Characteristic Leaching Procedure soluble lead concentration

Concentrations in **bold** type are greater than or equal to the Soluble Threshold Limit Concentration value for lead of 5.0 mg/l

STATE OF CALIFORNIA ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT
2211 Park Towne Circle, Suite 2
Sacramento, California 95825

Telephone (916) 574-2540
FAX (916) 574-2542

March 30, 2010

Department of Transportation
North Region – District 3
Division of Project Development
2800 Gateway Oaks Drive
Sacramento, CA 95833

Attention: Mohammad Sadiq

Subject: Underground Classification No's.: C152-067-10T thru C158-067-10T

Route 5 Improvements – Elk Grove

Mr. Sadiq:

The information provided to this office relative to the above project has been reviewed. On the basis of this analysis, Underground Classification of "Potentially Gassy with Special Conditions" has been assigned to the shafts identified on your submittal. Please retain the original Classification for your records and deliver a true and correct copy of the Classification to the shaft contractor for posting at the job site.

When the contractor who will be performing the work is selected, please advise them to notify this office to schedule the mandated Prejob Conference with the Division prior to commencing any activity associated with drilling of the shafts.

Please be informed that whenever an employee enters any bore or shaft being constructed under 30 inches in diameter, the Mining and Tunneling Unit then has immediate jurisdiction over that job. Please contact the Mining and Tunneling Unit prior to entering such spaces.

If you have any questions on this subject, please contact this office at your earliest convenience.

Sincerely,

John R. Leahy

John R. Leahy
Senior Engineer

cc: Doug Patterson
File

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C152-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-700

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 22 feet deep drilled shaft located on the right shoulder of northbound Route 5, approximately 15.3 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

(SENIOR ENGINEER)
John R. Leahy

03 77089

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C153-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-701

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 22 feet deep drilled shaft located on the right shoulder of southbound Route 5, approximately 14.9 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

(SENIOR ENGINEER)
John R. Leahy

03 77089

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C154-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-703

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 22 feet deep drilled shaft located on the right shoulder of northbound Route 5, approximately 11.1 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

John R. Leahy

(SENIOR ENGINEER)

John R. Leahy

03 77089

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C155-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-705

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 22 feet deep drilled shaft located on the right shoulder of southbound Route 5, approximately 8.4 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

John R. Leahy

(SENIOR ENGINEER)
John R. Leahy

03 77089

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C156-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-379

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 22 feet deep drilled shaft located on the right shoulder of northbound Route 5, approximately 6.7 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

John R. Leahy

(SENIOR ENGINEER)
John R. Leahy

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C157-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-381

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 22 feet deep drilled shaft located on the right shoulder of southbound Route 5, approximately 6.1 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

(SENIOR ENGINEER)
John R. Leahy

03 77089

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
MINING AND TUNNELING UNIT

Underground Classification

C158-067-10T

DEPARTMENT OF TRANSPORTATION

(NAME OF TUNNEL OR MINE AND COMPANY NAME)

of 2800 Gateway Oaks Drive, Sacramento, CA 95833

(MAILING ADDRESS)

at ROUTE 5 IMPROVEMENTS – ELK GROVE – AS-180

(LOCATION)

has been classified as *** POTENTIALLY GASSY with Special Conditions***

(CLASSIFICATION)

as required by the California Labor Code Section 7955.

The Division shall be notified if sufficient quantities of flammable gas or vapors have been encountered underground. Classifications are based on the California Labor Code Part 9, Tunnel Safety Orders and Mine Safety Orders.

SPECIAL CONDITIONS

1. A Certified Gas Tester shall perform pre-entry and continuous monitoring of the underground environment to measure Oxygen and detect explosive, flammable, and toxic gasses whenever an employee is working in the underground environment.
2. Mechanical ventilation shall provide for continuous exhaust of fumes and air at any time an employee is working in the underground environment. The primary ventilation fans must be located outside of the underground environment and shall be reversible by a single switch near the fan location.
3. The Division shall be notified immediately if any **Flammable Gas** or **Petroleum Vapor** exceeds 5% of the Lower Explosive Limit.
4. All utilities that may be in conflict with the project shall be identified and physically located (potholed) prior to the start of project operations.

The 60-inch diameter by 23 feet deep drilled shaft located on the right shoulder of southbound Route 5, approximately 0.8 miles south of the intersection of Route 5 and Florin Road, Elk Grove, Sacramento County.

This classification shall be conspicuously posted at the place of employment.

Date March 30, 2010

(SENIOR ENGINEER)
John R. Leahy

03 77089