

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD, SUITE 500  
ARLINGTON, VIRGINIA 22201

**NOTICE OF CONTRACT RENEWAL**

HILLIS-CARNES ASSOCIATES, INC.  
14155 SULLYFIELD RD., SUITE A  
CHANTILLY, VA. 20151

DATE ISSUED:

JANUARY 28, 2019

CURRENT REFERENCE NO:

18-016-RFP-1

CONTRACT TITLE:

CONSTRUCTION  
INSPECTION,  
MONITORING, AND  
TESTING SERVICES

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**THIS IS A NOTICE OF AWARD OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

THE CONTRACT DOCUMENTS CONSIST OF THE TERMS AND CONDITIONS OF AGREEMENT NO. 18-016-RFP-1 INCLUDING ANY ATTACHMENTS OR AMENDMENTS THERETO.

**EFFECTIVE DATE:** FEBRUARY 2, 2019

**EXPIRES:** FEBRUARY 1, 2020

**RENEWALS:** THREE (3) ONE (1) YEAR RENEWAL OPTIONS FROM FEBRUARY 2, 2020 TO FEBRUARY 1, 2023

**COMMODITY CODE(S):** 90900

**LIVING WAGE:** N

**ATTACHMENTS:**

AGREEMENT NO. 18-016-RFP-1  
CERTIFICATE OF INSURANCE  
CONTRACT PRICING

**EMPLOYEES NOT TO BENEFIT:**

**NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.**

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**VENDOR CONTACT:** TIMOTHY HILL

**VENDOR TEL. NO.:**

**(703) 817-1106**

**EMAIL ADDRESS:** THILL@HCEA.COM

**COUNTY CONTACT:** MICHAEL MANOS (DES - FACILITIES  
DESIGN AND CONSTRUCTION)

**COUNTY TEL. NO.:**

**(703) 228-4437**

**COUNTY CONTACT EMAIL:** MMANOS@ARLINGTONVA.US



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030	<b>CONTACT NAME</b> Karen Carmen	
	<b>PHONE (A/C, No., Ext):</b> 443-632-3371	<b>FAX (A/C, No):</b> 443-632-3497
<b>E-MAIL ADDRESS:</b> kcarmen@hmsia.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> The Cincinnati Insurance Company		10677
<b>INSURER B:</b> Travelers Casualty Insurance Co. of America		19046
<b>INSURER C:</b> Travelers Property Casualty Ins. Co.		36161
<b>INSURER D:</b> The Phoenix Ins. Co.		25623
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 625542739 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6307419X864IND	4/14/2018	4/14/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			8108242X591TIL	4/14/2018	4/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP1J9317531743	4/14/2018	4/14/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB3K9273241843G	4/14/2018	4/14/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A B C	Excess Liability Equipment Floater Auto Phy Damage			EXS0381427 6609968N771TIL 8108242X591TIL	4/14/2018 4/14/2018 4/14/2018	4/14/2019 4/14/2019 4/14/2019	Aggregate/Occurrence Leased/Rented Equip \$1,000 Comp/Coll \$5,000,000 \$500,000 \$110,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Agreement No 18-016-RFP-1; Arlington County, and its officers, elected and appointed officials, employees, and agents additional insured with respects to general liability and umbrella liability when required by written contract. 30 day notice of cancellation has been endorsed to the policies.

<b>CERTIFICATE HOLDER</b>  Arlington County, Virginia Office of the Purchasing Agent Suite 500 2100 Clarendon Blvd Arlington VA 22201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED – AUTOMATIC STATUS  
IF REQUIRED BY WRITTEN CONTRACT  
(CONTRACTORS)**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. The following is added to SECTION II – WHO IS AN INSURED:

Any person or organization that:

- a. You agree in a "written contract requiring insurance" to include as an additional insured on this Coverage Part; and
- b. Has not been added as an additional insured for the same project by attachment of an endorsement under this Coverage Part which includes such person or organization in the endorsement's schedule;

is an insured, but:

- a. Only with respect to liability for "bodily injury", "property damage" or "personal injury"; and
- b. Only as described in Paragraph (1), (2) or (3) below, whichever applies:

(1) If the "written contract requiring insurance" specifically requires you to provide additional insured coverage to that person or organization by the use of:

(a) The Additional Insured – Owners, Lessees or Contractors – (Form B) endorsement CG 20 10 11 85; or

(b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 10 01, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 10 01;

the person or organization is an additional insured only if the injury or damage arises out of "your work" to which the "written contract requiring insurance" applies;

(2) If the "written contract requiring insurance" specifically requires you to provide additional insured coverage to that person or organization by the use of:

(a) The Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13, the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13, or both of such endorsements with either of those edition dates; or

(b) Either or both of the following: the Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10, or the Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37, without an edition date of such endorsement specified;

the person or organization is an additional insured only if the injury or damage is caused, in whole or in part, by acts or omissions of you or your subcontractor in the performance of "your work" to which the "written contract requiring insurance" applies; or

(3) If neither Paragraph (1) nor (2) above applies:

(a) The person or organization is an additional insured only if, and to the extent that, the injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the "written contract requiring insurance" applies; and

(b) The person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

## COMMERCIAL GENERAL LIABILITY

2. The insurance provided to the additional insured by this endorsement is limited as follows:

- a. If the Limits of Insurance of this Coverage Part shown in the Declarations exceed the minimum limits of liability required by the "written contract requiring insurance", the insurance provided to the additional insured will be limited to such minimum required limits of liability. For the purposes of determining whether this limitation applies, the minimum limits of liability required by the "written contract requiring insurance" will be considered to include the minimum limits of liability of any Umbrella or Excess liability coverage required for the additional insured by that "written contract requiring insurance". This endorsement will not increase the limits of insurance described in Section III – Limits Of Insurance.
- b. The insurance provided to the additional insured does not apply to "bodily injury", "property damage" or "personal injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:
  - (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and
  - (2) Supervisory, inspection, architectural or engineering activities.
- c. The insurance provided to the additional insured does not apply to "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the "written contract requiring insurance" specifically requires you to provide such coverage for that additional insured during the policy period.

3. The insurance provided to the additional insured by this endorsement is excess over any valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the additional insured. However, if the "written contract requiring insurance" specifically requires that this insurance apply on a primary basis or a primary and non-contributory basis, this insurance is primary to other insurance available to the additional insured under which that person or organization qualifies as a named insured, and we will not share with that other insurance. But the insurance provided to the additional insured by this endorsement still is excess over any valid

and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the additional insured when that person or organization is an additional insured, or is any other insured that does not qualify as a named insured, under such other insurance.

4. As a condition of coverage provided to the additional insured by this endorsement:

- a. The additional insured must give us written notice as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, such notice should include:
  - (1) How, when and where the "occurrence" or offense took place;
  - (2) The names and addresses of any injured persons and witnesses; and
  - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

b. If a claim is made or "suit" is brought against the additional insured, the additional insured must:

- (1) Immediately record the specifics of the claim or "suit" and the date received; and
- (2) Notify us as soon as practicable.

The additional insured must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. The additional insured must immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.

d. The additional insured must tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover the additional insured for a loss we cover under this endorsement. However, this condition does not affect whether the insurance provided to the additional insured by this endorsement is primary to other insurance available to the additional insured which covers that person or organization as a named insured as described in Paragraph 3. above.

5. The following is added to the DEFINITIONS Section:

"Written contract requiring insurance" means that part of any written contract or agreement under which you are required to include a person or or-

## COMMERCIAL GENERAL LIABILITY

ganization as an additional insured on this Coverage Part, provided that the "bodily injury" and "property damage" occurs, and the "personal injury" is caused by an offense committed, during the policy period and:

- a. After the signing and execution of the contract or agreement by you; and
- b. While that part of the contract or agreement is in effect.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2019

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**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030	<b>CONTACT NAME:</b> Karen Carmen <b>PHONE (A/C No., Ext):</b> 443-632-3371 <b>E-MAIL:</b> kcarmen@hmsia.com <b>ADDRESS:</b>	<b>FAX (A/C No):</b> 443-632-3497
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> HILLENG-01 Hillis-Carnes Engineering Associates, Inc. 10975 Guilford Road, Ste A Annapolis Junction MD 20701	<b>INSURER A:</b> Continental Casualty <b>NAIC #</b> 20443	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 1511529870** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Professional Incl Pollution Full Prior Acts		MCH254113080	6/29/2018	6/29/2019	Aggregate Per Claim Deductible \$5,000,000 \$5,000,000 \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Agreement No 18-016-RFP-1

<b>CERTIFICATE HOLDER</b>  Arlington County, Virginia Office of the Purchasing Agent Suite 500 2100 Clarendon Blvd Arlington VA 22201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# HILLIS-CARNES

ENGINEERING ASSOCIATES

January 24, 2018

Sent via email: [sbrooks@arlingtonva.us](mailto:sbrooks@arlingtonva.us)

Mr. Shawn Brooks, Procurement Officer  
Arlington County Government  
Office of Bid Clerk  
Suite 511  
2100 Clarendon Blvd.  
Arlington, VA 22201

14155 Sullyfield Circle, Suite A

Chantilly, VA 20151

Office: 703-817-1106

Fax 703-817-1170

[www.hcea.com](http://www.hcea.com)

Re: RFP No. 18-016-RFP, Construction, Monitoring, and Testing Services  
**Best and Final Offer**

Dear Mr. Brooks;

Hillis-Carnes Engineering Associates, Inc. (HCEA) is pleased to present our attached Best and Final Offer (BAFO) for the above referenced RFP as you have requested. The only modification to the Fee Schedule was the change in price noted for the Fireproofing Cohesion Tests from \$35.00/test to \$0.00/test, where this test is included in our Structural Steel Inspector rate.

HCEA appreciates having the opportunity to present this BAFO and we remain available for further questions or clarifications should there be any. We look forward to the opportunity to work with Arlington County on this contract.

Very truly yours,  
**HILLIS-CARNES ENGINEERING ASSOCIATES, INC.**



Timothy B. Hill, PE  
Chief Operating Officer

**AGREEMENT NO. 18-016-RFP**

CONTRACT RATES  
**(Best and Final Offer)**

<b>Item</b>	<b>Unit Rate</b>
<b>STAFF COSTS</b>	
Field Engineer (more complicated field tasks requiring engineering judgment)	\$85.00/HR
Senior Engineer Tech (more complicated leadership role: testing or inspection of foundations, reinforced concrete, concrete or soils, formwork, reinforced masonry)	\$52.00/HR
Engineer Tech (testing or inspection of foundations, reinforced concrete, concrete or soils testing, formwork, reinforced masonry)	\$42.00/HR
Structure Steel Inspection (welded or bolted connections, erection)	\$70.00/HR
Testing or inspection of Precast Concrete Fabrication or Installation	\$68.00/HR
Concrete Coring Crew (to obtain cores of hardened concrete) – two (2) person crew (not including equipment)	\$104.00/HR
Roofing, Exterior Building Waterproofing, Below Grade Waterproofing Inspection (i.e., Building Envelope)	\$60.00/HR
Curtain Wall Assembly Review-Sr. Project Engineer	\$125.00/HR
Review of Critical Structures Requirements per project-Principal	\$150.00/HR
Project Principal (P.E.)	\$150.00/HR
Sr. Project Engineer (P.E.)	\$125.00/HR
Senior Project Manager	\$110.00/HR
Project Engineer (P.E.)	\$110.00/HR
Project Manager	\$80.00/HR
Secretarial/Administrative Support	\$41.00/HR
<b>SERVICES</b>	
Concrete Comp Test	\$10.00/ea.
Mortar Cube Comp Test	\$15.00/ea.
Concrete Mix Verification	Included in the hourly rate
Mortar Mix Verification	Included in the hourly rate
Concrete block Comp Test	\$60.00/ea.
Concrete Core Comp Test	\$55.00/ea.
Soil Moisture Content	\$8.00/ea.
Atterberg Limits	\$65.00/ea.



Item	Unit Rate
Moisture Density Relationship (modified or Standard Proctor)	\$110.00/ea.
California Bearing Ratio Test	\$410.00/ea.
Sieve/Gradation Analysis	\$58.00/ea.
Asphalt Extraction & Gradation	\$260.00/ea.
Asphalt Core Specific Gravity	\$60.00 per test
Asphalt Mix Verification	Included in the hourly rate
Fireproofing Density Tests	\$42.50 per test
Fireproofing Cohesion Tests (in field by Sr. Tech rate)	Included in the Structural Steel Insp. Rate \$35.00 per test 0.00 <i>per</i>
<b>ADDITIONAL UNIT RATES (EQUIPMENT)</b>	
Nuclear Density Gauge	\$20.00/per day
Concrete Cylinder Pickup	\$40.00/per day
Windsor Probe Equipment	Included in the Senior Engineering Tech hourly rate
Windsor Probe Expendables	\$12.00/per shot
Torque Wrench/Plumb Bob	Included in the Structural Steel Inspector hourly rate
Skidmore-Wilhelm (structural steel bolts)	Included in the Structural Steel Inspector hourly rate
Pacometer	Included in the Senior Engineering Tech hourly rate
Coring Equipment (bit wear - 3 to 12 inch dia cores)	\$105.00/per day
Mortar Probe Expendables	\$12.00/per shot plus the Senior Engineering Tech hourly rate
Mortar Penetrometer	Included in the Senior Engineering Tech hourly rate
Field Curing Box	\$25.00/per day

HILLIS CARNES ENGINEERING ASSOCIATES

AUTHORIZED SIGNATURE: 

NAME AND TITLE: Timothy B Hill, COO

DATE: 1/24/18