

City of Ukiah

January 20, 2009

Cathryn Hilliard
Executive Director
CIFAC
837 Arnold Drive
Suite 200
Martinez, CA 94553

Dear Ms. Hilliard:

The City of Ukiah has received your letter noticing that a formal complaint has been filed against the City with the California Uniform Construction Cost Accounting Commission. The complaint is with regards to the City of Ukiah Municipal Golf Course Seasonal Tributary Project.

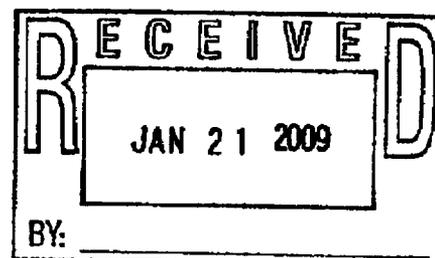
The City will be prepared to respond to the Commission's inquiry about this project as necessary, and I am sending this letter of acknowledgement of receipt of the complaint.

The City continues to work to resolve issues related to performance of force account projects in the best interests of our residents and in compliance with our obligations under the public contract code.

Sincerely,


Jane A. Chambers
City Manager

cc: City Council
City Attorney
Tim Erikson, Public Works Director
Sage Sangiacomo, Community Services Director





Sent Certified Mail

January 15, 2009

California Uniform Construction Cost Accounting Commission
c/o Office of the State Controller
Division of Accounting and Reporting
Local Government Policies Section
3301 C Street, Suite 500
Sacramento, CA 95816

Dear Chair Cortright,

This letter shall serve as a formal complaint against the City of Ukiah. We believe that they have violated California Public Contract Code, Section 22042 (b). We believe that the City has omitted information on rental rates, pickups and transportation of equipment. We request that the Commission review the work as required. The work in question is described as:

Ukiah Municipal Golf Course

Description of Work: Seasonal Tributary Project

Install rock slope protection

Install culverts

Bank and Creek Restoration

Minor Paving

The work was performed in October 2008

Agency estimate if available: \$29,551.67

Name of Agency: City of Ukiah Public Works and City Parks

Address of Agency: 300 Seminary Ave., Ukiah, CA 95482

Phone Number of Agency: (707) 463-6200

Contact if Applicable: Jane Chambers, City Manager

Tim, Eriksen, City Engineer

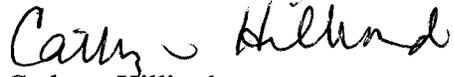
Attached, please find the supporting documentation. We have mailed a copy of our complaint to the City of Ukiah. We have attached a copy of that letter for your records.

The Construction Industry Force Account Council (CIFAC) is a non-profit organization that represents contractors, contractor associations and the various building trades. As such we meet the definition of an "interested party" per Public contract Code Section 22042 (b).

If you have any questions in regards to this complaint, please feel free to contact Cathryn Hilliard, Executive Director (800) 755-3354, or Sally Riley, Sr. Field Representative (530) 227-5217.

We request that you notify us in writing of the findings of the Commission.

Sincerely,



Cathryn Hilliard
Executive Director

Enclosures: Copy of Letter to City of Ukiah
Agencies Written Estimate
Copies of Material Invoices
Copies of Permit Fee Invoices
Copies of Time City Employee Time Cards
City Form listing Equipment –This is an incomplete list

Cathryn Hilliard

From: Sally Riley
Sent: Thursday, January 15, 2009 2:07 PM
To: Cathryn Hilliard
Cc: 'sallyr@frontiernet.net'
Subject: Ukiah Costing Accounting Questions

Cathryn, per our discussion, I have listed below some of the problems I have found with the documents we were sent from the City of Ukiah in regarding to the Golf Course Project.

Their estimate sheet which totaled \$29,551.67 did not list:

Dept of Forestry and Fire Protection Invoice:	\$3475.10
Fish and Game Permit	500.00
Dept of Water Resources Permit	500.00
Equipment not charged	908.00

Under Street Wages and Benefits they list at total of \$486.45—divided by 23 hours, shows a total rate of \$21.15/hour. That has been the base pay from all other accounting (see Alice St) and does not appear to have benefits. They have used a benefit amount of 6.42/hour, but I note that the parks benefits show at \$8.39/hour.

On one of the record of daily job costs, they have listed 10 separate pieces of equipment, showing a total of \$903.88, (again tack pot and no oil), on another "estimating sheet" they show four pieces of equipment for \$1443.24. They used the higher number in their total cost sheet, but they are different pieces of equipment. If one uses both lists, then equipment should total \$2347.12. It is my opinion that even using both lists, there are still items missing. I note that "old service truck" and "new service truck" have the same rental rate. The tack pot trailer is missing, as is the transport for any equipment.

We were unable to get a full description of make, model and year to check on any of the equipment rates. Also, there doesn't seem to be anyone charged with foreman pay. City crews work 4 ten hour days. The code is clear that we should be provided with where they were after 7 or eight hours. I also see that there was some overtime shown on time cards, but doesn't appear to be any accounting showing the same.

Without all of the data provided, but from my very rough calculations, I believe that the Controller's Office should find that this project total is close to \$40,000.

Please call me if you have any questions.

Thank you-Sally

City Of Ukiah
Accounting of SEP Plan - Golf Course Seasonal Tributary

Hydro Seeding		1,100.00
Base	158.61	
Saw Cut	60.35	
Cement/Sand	<u>1,050.43</u>	
		1,269.39
Plants		457.14
Erosion blankets, wattles		418.84
Pipe		3,053.43
Rip Rap		5,921.94
Asphalt		<u>669.28</u>
Total Materials		\$ 13,490.02
Parks:		
Wages	281 hours	6,170.10
Benefits		2,358.67
Equipment		1,443.24
Streets:		
Wages & Benefits	23 hours	486.45
Equipment		677.91
Total Materials & Labor		<u>\$ 24,626.39</u>
Overhead @ 20%		<u>\$ 29,551.67</u>

ESTIMATE		Estimator:														
Project #: 8013		Description: Install 2x36" culverts and 1-12" X 15' culvert. Remove some dirt and rock from creek area. Repair asphalt above culvert piers.														
Date Started: 10/20/2008	Location: Back 9 of Golf Course	Date Completed:	Total Job Cost: \$1,443.24													
		Total Job Cost: + 20%	\$1,731.89													
Employee	Emp. No.	Dates of Work							Total Hrs	Labor						
		S	M	T	W	T	F	S								
Shane Young	19															
Joe Fowler	7															
Jarrod Meyer					2.5					44.5						
Cole Gowen	10			11						32.5						
Mike Higgins	4									9						
Rob Gibson	6			9	3.5	8	7			21						
Raul Ramos										17.5						
Kevin Crook										40.5						
Tom Hamblet, Jr.				2						6.5						
Jim Thompson				7						2.5						
Don O'Hara										4						
Tom Hamblet, Sr.										7						
City-Owned										3						
										188						
Equipment		Dates of Work							Total Hrs	Cost						
Equip #	S	M	T	W	T	F	S									
Backhoe	1321	19	20	21	22	23	24	25	26	27	28	29	30	31	1	\$25.41
6 Yard L	2341		2	2	2	2	2	1							5	\$35.44
Skidsteer Loader	1400		6.5	7	6	6	5.5								4	\$16.38
3 Yard Dump Truck	2235		2												2	\$35.44
Supplies										Total Hours	\$1,443.24					
Description										Unit	Amount					
Total Materials																

No Pick ups
no transport of equipment
not enough information to
determine rental rates

Record of Daily Job Costs

Location: GOLF COURSE Date: 10-30-08

Description: PAVE SECTION KART PATH

Employee & Number	Hours	Rate	Cost
HORACIO MELLO	3	27 ⁹³	83 ⁷⁹
MARIO DOGLI	3	27 ⁹³	83 ⁷⁹
GREGG BLANCETT	4	27 ⁹³	111 ⁷²
DARIN MALUCANI	3	30 ⁰⁰	90 ⁰⁰
JUSTIN AVERY	3	27 ⁹³	83 ⁷⁹
FOREST NARVAEZ	3	27 ⁹³	83 ⁷⁹
NICH DALE	4	27 ⁹³	111 ⁷²

Total Labor: 648⁶⁰

B. 75 % USED

Equipment & Number	Hours	Rate	Cost
NEW 10 WHEELER	3	47 ³²	141 ⁹⁶
NEW SERVICE TRUCK	3	15 ⁵⁴	46 ⁶²
OLD SERVICE TRUCK	4	13 ⁵⁴	54 ¹⁶
TAC - POT	4	1 ⁵⁰	6 ⁰⁰
SIX YARD DUMP	3	35 ⁴⁴	106 ³²
ROLLER	3	21 ¹⁴	63 ⁴²
ROLLER TRAILER	3	1 ¹⁰	3 ³⁰
SIX YARD DUMP	3	35 ⁴⁴	106 ³²
PAVER	3	126 ¹⁶	378 ⁴⁸
PAVER TRAILER	3	1 ¹⁰	3 ³⁰

Total Equipment: 903⁸⁸

D. 75 % USED

Material	Quantity	Cost
18 TON 1/2 A/C HOT MIX	94 ⁵⁰	

Total Materials: 1701⁰⁰

Total Daily Job Direct Costs: 3253⁹⁸

PURCHASE ORDER

Purchase order numbers must appear on all invoices and packages

981-1946

CITY OF UKIAH
 SUBMIT DUPLICATE INVOICES
 TO: ACCOUNTS PAYABLE
 300 SEMINARY AVENUE
 UKIAH, CA 95482
 ACCTS. PAYABLE: (707)463-6230
 PURCH. DEPT.: (707)463-6233
 PURCH. FAX: (707) 463-6234

PURCHASE ORDER NUMBER 038650

PAGE 1 OF 1

DATE 10/16/2008

VENDOR: 011863
 BARUTH/DAVID M
 DBA POSITIVE HYDROSEEDING
 18027 N SHORE DR
 HIDDEN VALLEY LAKE CA 95467

SHIP TO: 000005
 CITY OF UKIAH
 GOLF/PARKS DEPT
 599 PARK BLVD
 UKIAH CA 95482

DELIVER BY: FOB UKIAH

TERMS: NET 30
TAX:
CONFIRM TO: SKIP
PHONE: (707)987-1946 0000

LINE NO.	QUANTITY U/M	DESCRIPTION	UNIT PRICE		EXTENSION
01	1.00 LOT	HYDROSEEDING AT THE CITY OF UKIAH'S 612.3580.630.000 MUNICIPAL GOLF COURSE, 599 PARK BLVD, UKIAH, CA, HOLE 15.	1,100.00	N	1,100.00
02	0.00 HRS	ADDITIONAL CONSULTING AS REQUESTED 612.3580.630.000 AT AN HOURLY RATE OF \$75 PER HOUR. *PER FAX TRANSMITTAL DETAILS 9/26/08	75.00	N	.00

REQUISITION DATE E29657	REQUESTED BY MILLS G	SUBTOTAL	1,100.00
	DELIVER TO GOMM SVGC	TAX	0.00
		TOTAL	1,100.00

RECEIVED AS SPECIFIED

APPROVED FOR PAYMENT

[Signature]
 DATE 10/16/08

- RECORD (Blue)
- RECEIVING (Pink)
- DEPARTMENT (Gold)
- PURCHASING (Green)
- FINANCE (Yellow)

BI-WEEKLY TIME CARD

DEPARTMENT: Golf

PERIOD: 10/19/08 to 11/1/08

EMPLOYEE: Young

Shane

LAST 4 DIGITS OF SSN:

Date:	S M T W TH F S S M T W TH F S							Reg Time	Over Time	Stand By	Earned CT	Work Out of Classification	Assignment	
	S	M	T	W	TH	F	S							
Start & End Times	11:30	11:30	11:30	11:30	11:30	11:30	11:30							
Regular	4	4	4	4	4	4	4	30	30					
Overtime								1	23					
Sick														
Family Sick														
Vacation														
Holiday														
Standby														
Jury Duty														
Bereavement														
Personal Leave														
Comp. Time EARNED														
Comp. Time TAKEN														
Other														
<p>6013 16.000 Job Costs & Special Accounts</p>														
Pumpkin Fest	6.5							6.5						
2013 Reg.	4	4	4	4	4	4	4	30	30					
2013 Overtime	1	3	3	3	3	3	3	13.5	100					
DAILY TOTAL	6.5	4	11	11	10	-	-	9.5	11	8	8	-	80	24

Comments: 10/19 Pumpkin Fest

#8013 drainage 15 T. St. 5 hrs.
10/30 cleaned up ditch on #14 T

Employee Signature: [Signature] Regular 01

Finance Department Use Only
104.2
13.5 regular

8013 water
1 OT
13.5 regular
30 hr regular
23 OT parks

City of Utah

BI-WEEKLY TIME CARD

DEPARTMENT:

Self

EMPLOYEE:

Thompson James

PERIOD: *10-14-08 to 10-21-08*

LAST 4 DIGITS OF SSN:

	Date:							Reg Time	Over Time	Stand By	Eamed	CT	Work Out of Classification	
	S	M	T	W	TH	F	S						Dates	Assignment
Start & End Times	6:30	—	—	3:00	—	—	—	—	—	—	—	—	—	—
Regular	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Overtime			3											
Sick														
Family Sick														
Vacation														
Holiday														
Standby														
Jury Duty														
Bereavement														
Personal Leave														
Comp. Time EARNED														
Comp. Time TAKEN														
Other Training														
<i>Job Cost & Special Accruals</i>														
<i>Amphib Pest</i>	7													
<i>15 Tee creek</i>	3													
<i>Pesticide Certificate</i>														
<i>Prod # 8513</i>														
DAILY TOTAL	7	8	11	8	8	8	8	8	8	8	8	8	8	8
													80	10

Finance Department Use Only

90.0

Comments: *10-19-08 - punksn Pest - 10-21-08 15 creek*

10-28-08 Pesticide certificate

10-21-08 worked 7 hrs m 15 Tee creek

Employee Signature:

James L. Thompson

Reviewed & Approved:

Tom Woodruff

DEPARTMENT: Parks

EMPLOYEE: RAMOS Raul

PERIOD: 10/19/08 to 11/1/08

LAST 4 DIGITS OF SSN: _____

	S							M							TOTAL			Work Out of Classification				
	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Reg	Over	Stand	By	Earned	CT	Dates	Assignment
Date:	19	20	21	22	23	24	25	26	27	28	29	30	31	1								
Start & End Times			ce	5:30 pm							3:00 pm											
Regular		8	8	8	8	8			15	33	8	8	8		47	15	15					
Overtime																						
Sick																						
Family Sick																						
Vacation																						
Holiday																						
Standby																						
Jury Duty																						
Bereavement																						
Personal Leave																						
Comp. Time EARNED																						
Comp. Time TAKEN																						
Other Training																						
Job Costs & Special Accounts																						
940-5601-115-000																						
8013																						
DAILY TOTAL	11	8	8	8	8	8		9.5	8	8	8	8	8		80	12.5						

Finance Department Use Only
22.50

Comments:

Employee Signature:

[Handwritten Signature]

Reviewed & Approved:

[Handwritten Signature]

BI-WEEKLY TIME CARD

DEPARTMENT: Parks

EMPLOYEE: Melanie Tomasi

PERIOD: 10/19/08 to 11/1/08

LAST 4 DIGITS OF SSN: _____

Date:	S	M	T	W	TH	F	S	S	S	M	T	W	TH	F	S	Reg Time	Over Time	Stand By	CT Earned	Work Out of Classification		
																				Dates	Assignment	
Start & End Times:	19:20	21:30	22:25	23:25	24:25	25:25	26:25	27:25	28:25	29:25	30:25	31:25	32:25	33:25	34:25	35:25	38					
Regular		8	7							8		8	4	6		38						
Overtime																						
Sick																						
Family Sick																						
Vacation																						
Holiday																						
Standby																						
Jury Duty																						
Reimbursement																						
Personal Leave																						
Comp. Time EARNED																						
Comp. Time TAKEN																						
Other <u>PTA</u>																						
Job Costs & Special Accounts:																						
FEIN 076			1																			
FEIN 044				8	8																	
FEIN 045	4																					
FEIN 043												3	4	2								
DAILY TOTAL	4	8	8	8	8	8				8	8	8	8	8	8	80	4					

Comments:

Employee Signature: [Signature]

Reviewed & Approved: [Signature]

Finance Department Use Only
74.0

City of Utah

BI-WEEKLY TIME CARD

DEPARTMENT: Poles

EMPLOYEE: Higgins, Michael

PERIOD: 10/19/80 - 11-1-80

LAST 4 DIGITS OF SS#: _____

Start & End Times	Date:							Date:							Reg Time	Over Time	Stand By	Eamed	CT	Work Out of Classification	
	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S						Dates	Assignment
Regular	0	4	8	8	0	0	0	0	0	8	8	8	8	0	49	000					
Overtime				3		4				2.5					46.5	9.5	(67)				
Sick															4.5						
Family Sick																					
Vacation																					
Holiday																					
Standby																					
Jury Duty																					
Bereavement																					
Personal Leave																					
Comp. Time EARNED																					
Comp. Time TAKEN																					
Other Training																					
Job Cost & Special Accounts																					
Blank 90-5601-115-000	10																				
Golf # 8013	4																				
2013 2 weeks																					
DAILY TOTAL	10	8	8	11	8	12	0	0	0	8	10.5	8	8	8	17	10	10.5				
Finance Department Use Only																					
99.50																					

Comments:

Employee Signature: Michael Higgins

Michael Higgins

Reviewed & Approved:

Tom Carlisle

DEPARTMENT: Parks

EMPLOYEE: Higgins, Michael

PERIOD: 10/5/08 to 10/15/08

LAST 4 DIGITS OF SSN: [Blank]

Date:	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Reg Time	Over Time	Stand By	CT Earned	Work Out of Classification		
																			Dates	Assignment	
Start & End Times																					
Regular			8	8	8	8				8	8	8	8		44						
Overtime																					
Sick																					
Family Sick																					
Vacation																					
Holiday									8												
Standby																					
Jury Duty																					
Bereavement																					
Personal Leave																					
Comp. Time EARNED																					
Comp. Time TAKEN																					
Other																					
Job Costs & Special Accounts																					
5013	8														8	107					
5019																					
5020																					
5001, 115, 200																					
DAILY TOTAL	8	8	8	8	8	8	7	0	8	8	8	8	8		135	13	80	35.5			

Comments: Project # 5013 - saw cut asphalt back nine
 900-905-219-000 (weigh off)
 900-905-219-000 Pumpkinfest

Employee Signature: Michael Higgins
 Reviewed & Approved: [Signature]

Finance Department Use Only
 IDS.50

DEPARTMENT: PARKS/GOLF

EMPLOYEE: HOWARD THOMAS

PERIOD: 10/19/05 to 11/1/05

LAST 4 DIGITS OF SS#: _____

	Date: 6:30 - 3:00														TOTAL			Work Out of Classification		
	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Reg Time	Over Time	Stand By	CT Earned	Dates	Assignment
Start & End Times	19	20	21	22	23	24	25	26	27	28	29	30	1	2						
Regular	2	2	2	2	2	2			2	3	2	5	8		32.5					
Overtime																				
Sick																				
Family Sick																				
Vacation																				
Holiday																				
Standby																				
Jury Duty																				
Bereavement																				
Personal Leave																				
Comp. Time EARNED																				
Comp. Time TAKEN																				
Other																				
Job Costs & Special Accounts:																				
Rate # 8013	6	6	6	6	6	6			6	4.5	6	3						49.5		
DAILY TOTAL	6	6	6	6	6	6			6	4.5	6	3			32.5					

10/20 Comments: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/21 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/22 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/23 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/24 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/25 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/26 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/27 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/28 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/29 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER
 10/30 COMMENTS: REMOVE OLD CURB AND INSTALL NEW 1.5 HAS BARRIER

Employee Signature: Tom Howarth
 Reviewed & Approved: [Signature]

Finance Department Use Only

BI-WEEKLY TIME CARD

DEPARTMENT: Parks

Park

EMPLOYEE: Green

Core

PERIOD: 10-19-08 to 11-1-08

LAST 4 DIGITS OF SS#: _____

	Date:							Date:							TOTAL			Work Out of Classification	Assignment		
	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Reg Time	Over Stand	By Earned			Dates	
Start & End Times	10-19-08	10-20-08	10-21-08	10-22-08	10-23-08	10-24-08	10-25-08	10-26-08	10-27-08	10-28-08	10-29-08	10-30-08	11-1-08								
Regular				8	8	8	8	8	8	8	8	8	8	23.5	11.5	6					
Overtime				4	8																
Sick																					
Family Sick																					
Vacation																					
Holiday																					
Standby																					
Jury Duty																					
Bereavement																					
Personal Leave																					
Comp. Time EARNED																					
Comp. Time TAKEN																					
Other																					
Job Costs & Special Accounts																					
100-101-115-001	11	5	8											11							
9013		10	4					9.5	11	8				22							
9013 overtime		2	3					2													
DAILY TOTAL	11	10	11	8	8	10	0	0	9.5	11	8	8	8	80	22.5						

Comments: *7/4 3/2 4/3 5/5*

6/5 7/4

8/5 9/4

Employee Signature: *[Signature]*

Reviewed & Approved: *[Signature]*

Finance Department Use Only
102.50

City of Ukiah

BI-WEEKLY TIME CARD

DEPARTMENT:

Parks / Golf

EMPLOYEE:

Crank Kevin

PERIOD: 10-19-08 to 11-01-08

LAST 4 DIGITS OF SSN:

Last First

	S	M	T	W	TH	F	S	S	S	M	T	W	TH	F	S	TOTAL			Work Out of Classification		
	Date: 19 20 21 22 23 24 25 26 27 28 29 30 31 1																Reg	Over	Stand	Dates	Assignment
Start & End Times																	Time	Time	By	Earned	CT
Regular	0	0	0	8	0	8	8	0	0	8	0	8	5.5	8	8	8	61.5 (RH)				
Overtime																	(PS)				
Sick																	6.4				
Family Sick																	(PS)				
Vacation																	(PS)				
Holiday																					
Standby																					
Jury Duty																					
Bereavement																					
Personal Leave																					
Comp. Time EARNED																					
Comp. Time TAKEN																					
Other																					
Job Costs & Special Accounts																					
960-560-115-000	10																10				
umpkin fest																	(RH)				
8013 (Project)																	2.5				
Bank 9 Golf Course																	2.5				
DAILY TOTAL																	81.5				

Finance Department Use Only

Comments:

Employee Signature:

804
Crank

Reviewed & Approved:

Tom Knudsen

SECTION FOUR – Additional Information

POTENTIAL FOR IMPACTS TO THREATENED AND ENDANGERED SPECIES (Please attach all Biological Assessments, Surveys, Formal Consultation Determination letters, and Mitigation Proposals as necessary.)			
SPECIES AND/OR HABITAT	BIOLOGICAL ASSESSMENT (Y/N)	SURVEY CONDUCTED (Y/N)	DATES OF SURVEY CONDUCTED
NONE	N	N	
HAS ANY PORTION OF THE WORK BEEN INITIATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe the initiated work, and explain why it was initiated prior to obtaining a permit. Indicate whether any enforcement action has been taken against the project.			
CUMULATIVE IMPACTS (List and describe other projects implemented or planned that are related to the proposed project, or that may impact the same waterbody. Attach additional pages as necessary.)			
PROJECT NAME	DESCRIPTION	DATE IMPLEMENTED/PLANNED	
NONE			

Application is hereby made for a permit or permits to authorize the work described in this application. I certify, under penalty of perjury, that this application is complete and accurate to the best of my knowledge. I further certify that I possess the authority to undertake the work described herein or am acting as the duly authorized agent of the applicant.



 SIGNATURE OF APPLICANT (OR AGENT)

Guy J. Mills

 PRINT NAME OF APPLICANT (OR AGENT)

3-18-08

 DATE

COMPENSATORY MITIGATION (Required when permanent and temporal impacts to Waters of the State occur. Describe the location, size, type, functions, and values of the proposed mitigation. Describe success criteria, monitoring, long-term funding, management, and protection of the mitigation site. Attach a Mitigation Plan if needed. Attach Mitigation Bank Bills-of-Sale for purchase credits if needed. See attached checklist for guidance.)

SEASONAL TRIBUTARY WILL BE DRY WHEN WORK IS TO BE CONDUCTED. UPLAND HILLSIDE EROSION CONTROL WILL REDUCE SEDIMENT ENTERING TRIBUTARY. CITY GOLF PARK/MAINTENANCE STAFF WILL CONDUCTED ONGOING INSPECATIONS TO ENSURE THE HIGH SUCCESSFULNESS OF THE PROJECT.

ALTERNATIVES ANALYSIS

Has an Alternatives Analysis been prepared? YES NO If you marked YES, please submit the appropriate documentation.

NON-COMPENSATORY MITIGATION (Required by all construction projects and projects which impact riparian vegetation.)

PROPOSED MINIMUM EROSION CONTROL MEASURES (Describe the methods proposed for erosion control, including winterization strategies to stabilize all bare soils and re-vegetation proposals. Please submit a map indicating the approximate locations of each method.)

CITY WILL CONTRACT WITH PROFESSIONAL WITH SPECIFIC KNOWLEDGE OF EROSION AND VEGETATION PROCEDURES. EROSION CONTROL WILL BE CONDUCTED USING BRUSH MATTRESS, VEGETATIVE WALL, AND BIODEGRDAABLE EROSION CONTROL BLANKETS. AREA IS NOT IN A TRAVELED AREA BUT WILL BE ROPED OFF TO PREVENT ANY ACCESS UNTIL VEGETATION HAS ROOTED.

PROPOSED STORM WATER TREATMENT MEASURES (Describe the methods proposed to treat storm water runoff from the project site prior to entering the storm drainage system, wetlands, streams, etc. Please include proper design calculations to indicate that the proposed methods will treat runoff from the 85th percentile/24-hour storm event. See SUSMP Guidelines available at: <http://ci.santa-rosa.ca.us/pworks/other/SW/SRSWManualFinalDraft.pdf>, or upon request.)

SEASONAL TRIBUTARY IS LOCATED ON MUNICIPAL GOLF COURSE WHICH IS NOT ACCESSIBLE TO STORM DRAINAGE SYSTEM.

PROPOSED SOURCE CONTROLS (Describe the methods proposed to reduce sources of pollutants, fertilizers, pesticides, sediment, etc., from entering the water system.)

NO USE OF POLLUTANTS, FERTIZERS, PESTICIDES WILL BE USED ON THIS PROJECT

SECTION THREE – Affected Waters

Please refer to the provided Project Plan Checklist for guidance and attach additional supporting documentation as necessary. Supplying detailed information will aid in expediting the review process.

DREDGE AND FILL INFORMATION (The following must be completed for each action where fill or other material will be temporarily or permanently discharged to a wetland or other waterbody, and where material will be dredged from a waterway. Attach additional pages as necessary. Provide a map showing the location of all impacts.)

TYPE OF WATERBODY (i.e. stream, wetland, ephemeral drainage)	FILL and/or DREDGE VOLUME (CY) AND TYPE	FILL and/or DREDGE SURFACE AREA [acreage, square feet and linear feet (when applicable)]	TYPE OF IMPACT (Temporary or Permanent)
SAMPLE: Stream – storm drain outfall	35 cubic yards of rock rip rap	0.001 acres (43.56 sq ft) 25 linear feet	Permanent
EMPHEMERAL DRAINAGE - INUNDATION – HEAVY RAINFALLS WEST TO EAST	N/A	300' - ¼ ACRE	PERMANENT

DELINEATION INFORMATION	
NAME OF PERSON DELINEATING EXTENT OF WATERS OF U.S.	DATE(S) OF WETLAND DELINEATION
TITLE	DATE OF WETLAND VERIFICATION BY U.S. ARMY CORPS
AFFILIATION	If a wetland delineation has been verified by the U.S. Army Corps, please submit the verification letter as well as a verified wetland delineation map. If the Corps did not assume jurisdiction over the wetlands present, please submit the denial letter.

AVOIDANCE OF INDIRECT IMPACTS (Describe efforts to avoid and minimize indirect impacts to waters of the State such as upland impacts which might affect water quality. See checklist for guidance. Attach additional pages as necessary.)

PROJECT TO BE CONDUCTED DURING NON-RAINING SEASON (JUNE – AUGUST). CULVERT REPLACEMENT AND WIDENING CONSTRICTED PORTION OF BANK WILL BE FIRST PRIORITY TO ADDRESS INUNDATION. ADJACENT UPLAND HILLSIDE EROSION CONTROL AND BANK STABILIZATION WILL BE ADDRESSED BY PLANTING VARIOUS PLANTS AND TREES NATIVE TO THE AREA.

AVOIDANCE OF DIRECT IMPACTS (Describe efforts to avoid and minimize direct impacts to waters of the State. See checklist for guidance. Attach additional pages as necessary.)

DISTRUBANCE OF TRIBUTARY BED WILL BE MINIMUM AS ALL WORK WILL BE CONDUCTED USING SMALL HAND TOOLS TO PLANT VEGETATION AND TREES. BANK STABILIZATION AND WIDENING CONSTRICTED PORTION WILL REDUCE SEDIMENT FROM ENTERING ORR CREEK.

DIRECTIONS TO THE SITE
HWY 101 (UKIAH) - W PERKINS ST - R - N SPRING ST - L - WALNUT AVE - L - PARK BLVD

PROJECT PURPOSE (See attached checklist for guidance. Attach additional information as necessary.)
EROSION CONTROL ON TRIBUTARY BANK FAILURE AND REDUCTION OF OVERFLOW BY WIDENING RESTRICTIVE CULVERTS

PROJECT DESCRIPTION (See attached checklist for guidance. Provide a full, technically accurate description of the entire activity and associated environmental impacts. Attach additional pages as necessary.)

REDEVELOPMENT OF A 300' PORTION OF THE SEASONAL TRIBUTARY THAT WOULD INCLUDE RESTORING CAPACITY AND BANK STABILIZATION. RESTORING CAPACITY WILL INCLUDE INCREASING THE SIZE OF TWO UNDERSIZED CULVERTS AND WIDENING A CONSTRICTED PORTION OF THE BANK. SECONDLY, A COMBINATION OF VEGETATION AND OTHER APPROVED MATERIALS WILL BE UTILIZED TO SHORE THE BANKS AND STABILIZE AN ADJACENT UPLAND HILLSIDE FROM WHICH RUNOFF ENTERS. THE PROJECT WILL REDUCE THE DELIVERY OF FINE SEDIMENT FROM THIS TRIBUTARY INTO ORR CREEK AND WILL THUS IMPORVE WATER QUALITY AND RIPARIAN HABITAT.

BIOTECHNICAL METHODS MAY INCLUDE SUCH MEASURES AS BRUSH MATTRESS, VEGETATIVE WALL, AND BIODEGRADABLE EROSION CONTROL BLANKETS. PLANTING OF CALIFORNIA NATIVE TREES, PLANTS, AND SHRUBS OF SUFFICIENT SIZE TO ENSURE HIGHER SURVIVAL RATES AND ECOLOGICAL BENEFITS SOONER.

WORK TO BE PERFORMED DURING NON RAINFALL SEASON THEREFORE, NO WATER WILL BE PRESENT.

PROPOSED START AND END DATES JUNE 1 - AUGUST 31 2008	ESTIMATED DURATION 60 DAYS	Will the project take place during the wet season months of October 15 through May 15? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please discuss the proposed winterization strategies on Page 5, Non-compensatory Mitigation.
--	--------------------------------------	--

FEDERAL PERMIT(S) (applied for or approved, i.e. Army Corps of Engineers 404 Permit - Individual or Nationwide)		
PERMIT TITLE ARMY COPRS OF ENGINEERS 404 PERMIT	FILE DATE MARCH 20, 2008	FILE NUMBER APPLIED FOR

PERMIT TITLE	FILE DATE	FILE NUMBER
---------------------	------------------	--------------------

STATE PERMIT(S) (applied for or approved, i.e. Streambed Alteration Agreement (1600-1608) from the California Department of Fish and Game)		
PERMIT TITLE NOTIFICATION OF LAKE OR STEAMBED ALTERATION	FILE DATE MARCH 20, 2008	FILE NUMBER APPLIED FOR

PERMIT TITLE	FILE DATE	FILE NUMBER
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CEQA COMPLIANCE (Submittal of completed, approved and/or signed CEQA documentation is required prior to approval of Water Quality Certification.)

TYPE OF DOCUMENT (EIR, Negative Declaration, etc.) **LEAD AGENCY INFORMATION**

EXEMPT PER LINE 10 ADMINISTRATIVE CIVIL LIABILITY ORDER NO. R1-2008-0022 (SEE ATTACHED)

STATE CLEARING HOUSE NUMBER	STATUS (pending, complete, etc.)	DATE COMPLETED (or expected to be complete)
NOT APPLICABLE - CEQA EXEMPT		

NCRWQCB Revised June 15, 2006
 To download the most recent version of this form in Microsoft Word, visit <http://www.waterboards.ca.gov/northcoast/programs/wqwetcert.html>.
 For additional information, contact Stephen Bargsten at (707) 576-2653.

Application for 401 Water Quality Certification and/or Waste Discharge Requirements (Dredge/Fill)

The following application must be submitted to the Regional Water Quality Control Board for dredge/fill projects that require Water Quality Certification and/or Waste Discharge Requirements. Submit this application and the appropriate documentation*, along with a check for \$500.00 (Base Price) plus additional fees, if applicable, as required according to the CCR 23 Section 2200 (a)(2) Fee Schedule** to:

North Coast Regional Water Quality Control Board
5550 Skylane Blvd., Suite A
Santa Rosa, CA 95403

(Make checks payable to: State Water Resources Control Board)

*Clarification of information may be requested by Regional Water Quality staff during application review.

**Additional fees may be imposed upon application review.

Fee calculator attached and available at www.waterboards.ca.gov/northcoast/programs/wqwtcert.html.

SECTION ONE – Applicant Information & Authorization

APPLICANT/PROPERTY OWNER(S) NAME CITY OF UKIAH C/O GUY MILLS	AUTHORIZED AGENT NAME AND TITLE (an agent is not required)
APPLICANT/PROPERTY OWNER(S) MAILING ADDRESS 300 SEMINARY AVE UKIAH, CA 95482	AUTHORIZED AGENT MAILING ADDRESS
APPLICANT/PROPERTY OWNER(S) PHONE & FAX NUMBERS (email optional) 707-467-5719 707-463-6740	AUTHORIZED AGENT PHONE & FAX NUMBERS (email optional)

STATEMENT OF AUTHORIZATION (if designating a specific agent)

I hereby authorize _____ to act on my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application.

X _____ DATE

APPLICANT'S SIGNATURE (not the authorized agent)

SECTION TWO – Project Information

Please refer to the provided Project Plan Checklist for guidance and attach additional supporting documentation as necessary. Supplying detailed information will aid in expediting the review process. Including an electronic copy of the required information will expedite the review process.

PROJECT NAME OR TITLE SEASONAL TRIBUTARY AT UKIAH MUNICIPAL GOLF COURSE	
PROJECT STREET ADDRESS (if applicable) UKIAH MUNICIPAL GOLF COURSE 599 PARK BLVD	PROJECT LOCATION (Attach a topographic map and site map clearly indicating affected waters) COUNTY CITY/TOWN MENDOCINO UKIAH CA
CITY/STATE/ZIP UKIAH, CA 95482	LATITUDE LONGITUDE 39° 09' 00" 123° 13' 30"
ASSESSORS PARCEL NUMBER(S) 001-090-01-00	SECTION, TOWNSHIP, RANGE, USGS QUADRANGLE MAP YOKAYO RANCHO LOT 7, USGS – UKIAH, CA

Requested By: Guy Mills

Date: 3/18/08

PAY TO: STATE WATER RESOURCES CONTROL BOARD

Address: SSSO Skylane Blvd Ste A
Santa Rosa CA 95403

035409

Account #	<u>PC</u>	
Account #	<u>61235806300008013</u>	<u>\$ 500.00</u>
Account #		<u>\$</u>
Account #		<u>\$</u>
Account #		<u>\$</u>

TOTAL AMOUNT REQUESTED

500.00

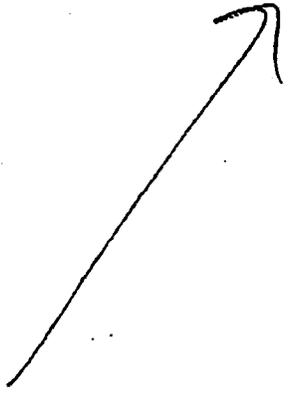
Reason: PERMIT FEE for trench @ Golf Course
for WWTP citation satisfaction

SPECIAL HANDLING INSTRUCTIONS

- Mail Directly
- Mail with Attachment
- Return check to requestor
- Other:

Approved By:

[Signature]



Union Bank of California
Government Services

City of Ukiah

300 Seminary Avenue
Ukiah, CA 95482-5400
707-463-6230
Void After 90 Days

NO. **83193**

DATE
03/21/2008

CHECK NO.
83193

AMOUNT
\$500.00

FIVE HUNDRED AND 00/100 DOLLARS

PAY TO
THE
ORDER
OF

STATE WATER RESOURCES
CONTROL BOARD

*****Not Negotiable*****
*****Not Negotiable*****
*****Not Negotiable*****
*****Not Negotiable*****
City Manager

VENDOR 035409 STATE WATER RESOURCES

03/21/2008

Check 83193

ACCOUNT	P.O.	INVOICE	DESCRIPTION	AMOUNT
612:3580:630.000		NONE	PERMIT FEE	500.00

Office Copy

CITY OF UKIAH - UKIAH, CALIFORNIA 95482

TOTAL

500.00

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

14. ENVIRONMENTAL REVIEW

A. Has a draft or final document been prepared for the project pursuant to the California Environmental Quality Act (CEQA), National Environmental Protection Act (NEPA), California Endangered Species Act (CESA) and/or federal Endangered Species Act (ESA)?

- Yes (Check the box for each CEQA, NEPA, CESA, and ESA document that has been prepared and enclose a copy of each)
 No (Check the box for each CEQA, NEPA, CESA, and ESA document listed below that will be or is being prepared)

- | | | |
|---|---|--|
| <input type="checkbox"/> Notice of Exemption | <input type="checkbox"/> Mitigated Negative Declaration | <input type="checkbox"/> NEPA document (type): _____ |
| <input type="checkbox"/> Initial Study | <input type="checkbox"/> Environmental Impact Report | <input type="checkbox"/> CESA document (type): _____ |
| <input type="checkbox"/> Negative Declaration | <input checked="" type="checkbox"/> Notice of Determination (Enclose) | <input type="checkbox"/> ESA document (type): _____ |
| <input type="checkbox"/> THP/ NTMP | <input type="checkbox"/> Mitigation, Monitoring, Reporting Plan | |

B. State Cleanhouse Number (if applicable): N/A CEQA EXEMPTION

C. Has a CEQA lead agency been determined? Yes (Complete boxes D, E, and F) No (Skip to box 14.G)

D. CEQA Lead Agency: N/A

E. Contact Person: **F. Telephone Number:** _____

G. If the project described in this notification is part of a larger project or plan, briefly describe that larger project or plan.

Continued on additional page(s)

H. Has an environmental filing fee (Fish and Game Code section 711.4) been paid?

- Yes (Enclose proof of payment) No (Briefly explain below the reason a filing fee has not been paid)

EXEMPT BECAUSE OF CEQA EXEMPTION

Note: If a filing fee is required, the Department may not finalize a Lake or Streambed Alteration Agreement until the filing fee is paid.

15. SITE INSPECTION

Check one box only.

- In the event the Department determines that a site inspection is necessary, I hereby authorize a Department representative to enter the property where the project described in this notification will take place at any reasonable time, and hereby certify that I am authorized to grant the Department such entry.
- I request the Department to first contact (insert name) _____
 at (insert telephone number) _____ to schedule a date and time to enter the property where the project described in this notification will take place. I understand that this may delay the Department's determination as to whether a Lake or Streambed Alteration Agreement is required and/or the Department's issuance of a draft agreement pursuant to this notification.

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

12. MEASURES TO PROTECT FISH, WILDLIFE, AND PLANT RESOURCES

A. Describe the techniques that will be used to prevent sediment from entering watercourses during and after construction.

CULVERT REPLACEMENT AND WIDENING CONSTRICTED PORTION OF BANK WILL BE FIRST PRIORITY TO ADDRESS INUNDATION. ADJACENT UPLAND HILLSIDE EROSION CONTROL AND BANK STABILIZATION WILL BE ADDRESSED BY PLANTING VARIOUS PLANTS AND TREES NATIVE TO THE AREA OF LARGER SIZES TO ENSURE HIGHER SURVIVAL RATES AND ECOLOGICAL BENEFITS SOONER.

Continued on additional page(s)

B. Describe project avoidance and/or minimization measures to protect fish, wildlife, and plant resources.

PROJECT TO BE CONDUCTED DURING NON-RAINING SEASON (JUNE-AUGUST 2008). TREES WILL BE PURCHASED IN 15 GALLON SIZES AND SHRUBS IN 5 GALLON, IF AVAILABLE. THESE LARGER SIZES TEND TO HAVE HIGHER SUCCESS RATES WHERE IRRIGATION WILL NOT BE USED SINCE THE ROOTS ARE DEEPER. PLANTS WILL HAVE A ONE-GALLON WATERING BASIN FOR COLLECTING RAINWATER, 3' X 3' DEGRADABLE WEED MAT, AND 3' DEER BROWSE PROTECTORS IF NEEDED. DEER BROWSE PROTECTORS WITHIN THE 10-YEAR FLOOD PLAIN WILL BE REMOVED DURING THE RAINY SEASON. CITY MAINTENANCE CREWS WILL BE ABLE TO HAND WATER IF PLANTS ARE DISTRESSED BY EXTREME HEAT ANYTIME DURING THE SUMMER.

Continued on additional page(s)

C. Describe any project mitigation and/or compensation measures to protect fish, wildlife, and plant resources.

PROJECT TO BE CONDUCTED DURING NON-RAINING SEASON (JUNE - AUGUST 2008)

Continued on additional page(s)

13. PERMITS

List any local, state, and federal permits required for the project and check the corresponding box(es). Enclose a copy of each permit that has been issued.

- | | | | |
|----|--|---|---------------------------------|
| A. | <u>NORTH COAST REGIONAL WATER QUALITY CONTROL PERMIT 401</u> | <input checked="" type="checkbox"/> Applied | <input type="checkbox"/> Issued |
| B. | <u>ARMY CORPS OF ENGINEERS PERMIT 404</u> | <input checked="" type="checkbox"/> Applied | <input type="checkbox"/> Issued |
| C. | _____ | <input type="checkbox"/> Applied | <input type="checkbox"/> Issued |
- D. Unknown whether local, state, or federal permit is needed for the project. (Check each box that applies)

Continued on additional page(s)

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

11. PROJECT IMPACTS

A. Describe impacts to the bed, channel, and bank of the river, stream, or lake, and the associated riparian habitat. Specify the dimensions of the modifications in length (linear feet) and area (square feet or acres) and the type and volume of material (cubic yards) that will be moved, displaced, or otherwise disturbed, if applicable.

SEASONAL TRIBUTARY WILL BE ENHANCED BY THE ADDITION OF VEGETATION AND BIODEGRADABLE EROSION CONTROL BLANKETS THEREBY REDUCING SEDIMENT FROM THIS TRIBUTARY INTO ORR CREEK AND WILL THUS IMPROVE WATER QUALITY AND RIPARIAN HABITAT. APPROXIMATELY 300' IN LENGTH AND 1/4 ACRE IN AREA WILL BE REDEVELOPED TO INCLUDE RESTORING CAPACITY AND BANK STABILIZATION.

Continued on additional page(s)

B. Will the project affect any vegetation?

Yes (Complete the tables below) No

Vegetation Type	Temporary Impact	Permanent Impact
	Linear feet: _____ Total area: _____	Linear feet: _____ Total area: _____
	Linear feet: _____ Total area: _____	Linear feet: _____ Total area: _____

Tree Species	Number of Trees to be Removed	Trunk Diameter (range)

Continued on additional page(s)

C. Are any special status animal or plant species, or habitat that could support such species, known to be present on or near the project site?

Yes (List each species and/or describe the habitat below) No Unknown

Continued on additional page(s)

D. Identify the source(s) of information that supports a "yes" or "no" answer above in Box 11.C.

SEASONAL TRIBUTARY WHICH IS DRY DURING NON-RAINFALL PERIODS

Continued on additional page(s)

E. Has a biological study been completed for the project site?

Yes (Enclose the biological study) No

Note: A biological assessment or study may be required to evaluate potential project impacts on biological resources.

F. Has a hydrological study been completed for the project or project site?

Yes (Enclose the hydrological study) No

Note: A hydrological study or other information on site hydraulics (e.g., flows, channel characteristics, and/or flood recurrence intervals) may be required to evaluate potential project impacts on hydrology.

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

10. PROJECT DESCRIPTION

A. Describe the project in detail. Photographs of the project location and immediate surrounding area should be included. Include any structures (e.g., rip-rap, culverts, or channel clearing) that will be placed, built, or completed in or near the stream, river, or lake. Specify the type and volume of materials that will be used. If water will be diverted or drafted, specify the purpose or use. Enclose diagrams, drawings, plans, and/or maps that provide all of the following: site-specific construction details; the dimensions of each structure and/or extent of each activity in the bed, channel, bank or floodplain; an overview of the entire project area (i.e., "bird's-eye view") showing the location of each structure and/or activity; significant area features, and where the equipment/machinery will enter and exit the project area.

REDEVELOPMENT OF A 300' PORTION OF THE SEASONAL TRIBUTARY THAT WOULD INCLUDE RESTORING CAPACITY AND BANK STABILIZATION. RESTORING CAPACITY WILL INCLUDE INCREASING THE SIZE OF TWO UNDERSIZED CULVERTS AND WIDENING A CONSTRICTED PORTION OF THE BANK. SECONDLY, A COMBINATION OF VEGETATION AND OTHER APPROVED MATERIALS WILL BE UTILIZED TO SHORE THE BANKS AND STABILIZE AN ADJACENT UPLAND HILLSIDE FROM WHICH RUNOFF ENTERS. THE PROJECT WILL REDUCE THE DELIVERY OF FINE SEDIMENT FROM THIS TRIBUTARY INTO ORR CREEK AND WILL THUS IMPROVE WATER QUALITY AND RIPARIAN HABITAT.

METHODS MAY INCLUDE SUCH MEASURES AS BRUSH MATTRESS, VEGETATIVE WALL, RIP-RAP, AND BIODEGRADABLE EROSION CONTROL BLANKETS. PLANTING OF CALIFORNIA NATIVE TREES, PLANTS, AND SHRUBS OF SUFFICIENT SIZE TO ENSURE HIGHER SURVIVAL RATES AND ECOLOGICAL BENEFITS SOONER.

WORK TO BE PERFORMED DURING SUMMER MONTHS WHEN SEASONAL TRIBUTARY WILL BE DRY.

Continued on additional page(s)

B. Specify the equipment and machinery that will be used to complete the project.

SMALL BACKHOE TRACTOR WILL BE USED IN REPLACING CULVERTS. SMALL HAND TOOLS FOR PLANTING OF VEGETATION BY CHAMBERLIN CREEK CONSERVATION CAMP INMATES UNDER THE DIRECTION OF THE CALIFORNIA DEPARTMENTS OF CORRECTION AND FORESTRY WILL BE UTILIZED FOR LABOR IN COLLABORATION WITH CITY OF UKIAH PARKS/GOLF MAINTENANCE STAFF.

Continued on additional page(s)

C. Will water be present during the proposed work period (specified in box 4.D) in the stream, river, or lake (specified in box 8.B).

Yes No (Skip to box 11)

D. Will the proposed project require work in the wetted portion of the channel?

Yes (Enclose a plan to divert water around work site)
 No

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

9. PROJECT CATEGORY AND WORK TYPE *(Check each box that applies)*

PROJECT CATEGORY	NEW CONSTRUCTION	REPLACE EXISTING STRUCTURE	REPAIR/MAINTAIN EXISTING STRUCTURE
Bank stabilization – bioengineering/recontouring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank stabilization – rip-rap/retaining wall/gabion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Boat dock/pier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Channel clearing/vegetation management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culvert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Debris basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversion structure – weir or pump intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling of wetland, river, stream, or lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitat enhancement – revegetation/mitigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low water crossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road/trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sediment removal – pond, stream, or marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storm drain outfall structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary stream crossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility crossing : Horizontal Directional Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack/bore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify)</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

8. PROJECT LOCATION

A. Address or description of project location:
(Include a map that marks the location of the project with a reference to the nearest city or town, and provide driving directions from a major road or highway)

599 PARK BLVD UKIAH, CA 95482 UKIAH MUNICIPAL GOLF COURSE

HWY 101 (UKIAH)
 EXIT PERKINS ST - WEST
 R - NORTH SPRING ST
 L - WALNUT AVE
 L - PARK BLVD

Continued on additional page(s)

B. River, stream, or lake affected by the project. UNNAMED TRIBUTARY

C. What water body is the river, stream, or lake tributary to? SEASONAL TRIBUTARY

D. Is the river or stream segment affected by the project listed in the state or federal Wild and Scenic Rivers Act? Yes No Unknown

E. County MENDOCINO

F. USGS 7.5 Minute Quad Map Name	G. Township	H. Range	I. Section	J. 1/4 Section
UKIAH, CA	YOKAYO	RANCHO	LOT 7	
NOT SECTIONALIZED				

Continued on additional page(s)

K. Meridian (check one) Humboldt Mt. Diablo San Bernardino

L. Assessor's Parcel Number(s)

001-090-01-00

Continued on additional page(s)

M. Coordinates (if available, provide at least latitude/longitude or UTM coordinates and check appropriate boxes)

Latitude/Longitude	Latitude: 39° 09' 00"	Longitude: 123° 13' 30"
	<input checked="" type="checkbox"/> Degrees/Minutes/Seconds <input type="checkbox"/> Decimal Degrees <input type="checkbox"/> Decimal Minutes	
UTM	Easting:	Northing: <input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11
Datum used for Latitude/Longitude or UTM		<input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 or WGS 84

NOTIFICATION OF LAKE OR STREAMBED ALTERATION

5. AGREEMENT TYPE

Check the applicable box. If box B, C, D, or E is checked, complete the specified attachment.

A	<input checked="" type="checkbox"/> Standard (Most construction projects, excluding the categories listed below)
B	<input type="checkbox"/> Gravel/Sand/Rock Extraction (Attachment A) Mine I.D. Number: _____
C	<input type="checkbox"/> Timber Harvesting (Attachment B) THP Number: _____
D	<input type="checkbox"/> Water Diversion/Extraction/Impoundment (Attachment C) SWRCB Number: _____
E	<input type="checkbox"/> Routine Maintenance (Attachment D)
F	<input type="checkbox"/> DFG Fisheries Restoration Grant Program (FRGP) FRGP Contract Number: _____
G	<input type="checkbox"/> Master
H	<input type="checkbox"/> Master Timber Harvesting

6. FEES

Please see the current fee schedule to determine the appropriate notification fee. Itemize each project's estimated cost and corresponding fee. *Note: The Department may not process this notification until the correct fee has been received.*

	A. Project	B. Project Cost	C. Project Fee
1	SEASONAL TRIBUTARY UKIAH MUNICIPAL GOLF COURSE	\$17,000.00	\$500.00
2			
3			
4			
5			
		D. Base Fee (if applicable)	
		E. TOTAL FEE ENCLOSED	\$500.00

7. PRIOR NOTIFICATION OR ORDER

A. Has a notification previously been submitted to, or a Lake or Streambed Alteration Agreement previously been issued by, the Department for the project described in this notification?

Yes (Provide the information below) No

Applicant: _____ Notification Number: _____ Date: _____

B. Is this notification being submitted in response to an order, notice, or other directive ("order") by a court or administrative agency (including the Department)?

No Yes (Enclose a copy of the order, notice, or other directive. If the directive is not in writing, identify the person who directed the applicant to submit this notification and the agency he or she represents, and describe the circumstances relating to the order.)

Continued on additional page(s)

FOR DEPARTMENT USE ONLY				
Date Received	Amount Received	Amount Due	Date Complete	Notification No.
	\$	\$		



STATE OF CALIFORNIA
DEPARTMENT OF FISH AND GAME
NOTIFICATION OF LAKE OR STREAMBED ALTERATION



Complete EACH field, unless otherwise indicated, following the enclosed instructions and submit ALL required enclosures. Attach additional pages, if necessary.

1. APPLICANT PROPOSING PROJECT

Name	CITY OF UKIAH			
Business/Agency				
Street Address	300 SEMINARY AVE			
City, State, Zip	UKIAH, CA 95482			
Telephone	(707) 467-5719	Fax	(707) 463-6740	
Email	GMILLS@CITYOFUKIAH.COM			

2. CONTACT PERSON (Complete only if different from applicant)

Name	GUY MILLS			
Street Address	300 SEMINARY AVE			
City, State, Zip	UKIAH, CA 95482			
Telephone	(707) 467-5719	Fax	(707) 463-6740	
Email	GMILLS@CITYOFUKIAH.COM			

3. PROPERTY OWNER (Complete only if different from applicant)

Name				
Street Address				
City, State, Zip				
Telephone		Fax		
Email				

4. PROJECT NAME AND AGREEMENT TERM

A. Project Name		SEASONAL TRIBUTARY UKIAH MUNICIPAL GOLF COURSE		
B. Agreement Term Requested		<input checked="" type="checkbox"/> Regular (5 years or less) <input type="checkbox"/> Long-term (greater than 5 years)		
C. Project Term		D. Seasonal Work Period		E. Number of Work Days
Beginning (year)	Ending (year)	Start Date (month/day)	End Date (month/day)	
2008	2008	06/01	08/31	60.00

Requested By: Guy Mills Date: 3/18/08

PAY TO: Department of Fish and Game

Address: 619 2nd St
Eureka CA 95501

015971
 New

Account #	<u>pc</u>	
Account #	<u>61235801300008013</u>	<u>\$ 500.00</u>
Account #		\$
Account #		\$
Account #		\$

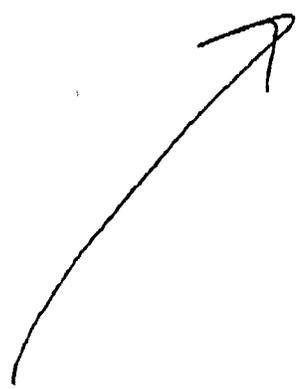
TOTAL AMOUNT REQUESTED 500.00

Reason: Permit Fee for creek restoration @
Golf Course for WWT P penalty/citation satis-
faction.

SPECIAL HANDLING INSTRUCTIONS

- Mail Directly
- Mail with Attachment
- Return check to requestor
- Other:

Approved By: [Signature]



Back up to follow

City of Ukiah

300 Seminary Avenue
Ukiah, CA 96482-5400
707-483-6200
Void After 90 Days

NO. **83146**

CHECK NO.
83146

AMOUNT
\$500.00

DATE
03/21/2008

FIVE HUNDRED AND 00/100 DOLLARS

PAY TO
THE
ORDER
OF

DEPT OF FISH & GAME
619 2ND ST
EUREKA CA 95501

*****Not Negotiable*****
*****Not Negotiable*****
*****Not Negotiable*****
*****Not Negotiable*****
City Manager

VENDOR 015971 DEPT OF FISH & GAME

03/21/2008

Check 83146

ACCOUNT	P.O.	INVOICE	DESCRIPTION	AMOUNT
612.3580.630.000		NONE	PERMIT FEE	500.00

Office Copy

TOTAL 500.00

CITY OF UKIAH - UKIAH, CALIFORNIA 95482



COPY

Ticket No. 34822716
10/30/2008 9:27:50AM

North State St. Hot Plant
4201 North State St
Ukiah, CA 95482
(707)487-4182

Customer: City of Ukiah
202076

Order ID: N08010
Job/PO#:

Location: GULF COURSE
UKIAH

Comments:

Weighmaster: Granite Construction Company
Deputy: DUANE MORLAN

Vehicle: 15044 City of Ukiah
License: 1026137 | |
Carrier:
Product: 2020-COM-B 12.5MM COMMERCIAL MIX TYPE B

	Pounds	Metric Tons	Tons
Gross	33,220		
Tare	20,640		
Net	12,580	6.71	6.29
Scale:	3	* Predetermined Tare	

FOB: PICK-UP

This Load:	6.29 Ton
Load No:	2
Shipped:	18.62 Ton

Unit Price: 98.75

Net Price	821.14
Other Charges:	0.00
Tax	48.14
Freight	0.00
Total	869.28

WEIGHMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12760) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

Accepted by: _____

WARNING: THIS PRODUCT CONTAINS A CHEMICAL KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER, BIRTH DEFECTS OR OTHER REPRODUCTIVE HARM.

WARNING: THIS PRODUCT CONTAINS CRYSTALLINE SILICA (QUARTZ). CRYSTALLINE SILICA IS A COMMON NATURALLY OCCURRING MINERAL FOUND IN SAND AND ROCK. PROLONGED AND REPEATED BREATHING OF CRYSTALLINE SILICA DUST MAY CAUSE RESPIRATORY AND OTHER HEALTH PROBLEMS, INCLUDING LUNG DISEASE, FIBROSIS AND CANCER, WHICH MAY RESULT IN PERMANENT INJURY OR DEATH. BEFORE USING OR HANDLING THIS PRODUCT READ THE MATERIAL SAFETY DATA SHEET FOR MORE DETAILED INFORMATION INCLUDING INFORMATION ON APPROPRIATE RESPIRATORY PROTECTION. MSDS SHEETS AVAILABLE AT WWW.GRANITECONSTRUCTION.COM/MSDS OR BY CONTACTING YOUR LOCAL OFFICE.

001 rev. 09/08

4636234

Invoice

NORTHERN AGGREGATES INC

P.O. BOX 1566

Willits, Ca 95490

Date: 10/23/2008

Invoice #: 102308

Phone: 707-459-3929

Fax: 707-459-0644

026340

Revised Invoice

Bill To:

City of Ukiah
300 Seminary Ave
Ukiah, CA 95482

Job: 38662
Attn: Mary

Item	Date	Description	Qty	Unit	Price	Amount
1	10/23/2008	1/4 Ton Rip Rasp	94.26 tons		8.00	\$ 3,664.00
Includes Tax, Frt and Surcharge						
PO 38662/P \$ 3664.00 override P.O. amt F (no tax, etc.)						
Subtotal						\$ 3,664.00
Invoice Total						\$ 3,664.00

~~10/21/08~~

Final invoice per quoted price
contract 33302 - thank you!



NORTHERN AGGREGATES, INC.

P.O. Box 1566
FAX (707) 459-0644

Willits, CA 95490
(707) 459-3929

TERMS: Net 30 Days. One and one-half (1 1/2%) percent charged on past due accounts. Any reasonable legal fees incurred in collection of above will be added to this charge.

4636204

ACCOUNT NO. UKIAHCIT

SOLD TO CITY OF UKIAH
300 SEMINARY AVENUE
UKIAH, CA 95482-5400

026340

Revised

INVOICE	33042 / 3301
PAGE	1
DATE	8/24/08
TERMS	Net 30 Days

Order	Date	P.O.	Location	Product	City	Material Rate	Material Amount	Freight Rate	Freight Amount	Fee Amount	Tax Amount	Total
2807959	08/24/08	38603	2	1/4 TON RI	11.58	39.55	457.99	0.00	0.00	0.00	35.49	493.48
2807963	08/24/08	38603	2	1/4 TON RI	10.43	43.91	457.98	0.00	0.00	0.00	35.49	493.47
2807967	08/24/08	38603	2	1/4 TON RI	11.71	39.11	457.98	0.00	0.00	0.00	35.49	493.47
2807972	08/24/08	38603	2	1/4 TON RI	10.65	43.00	457.95	0.00	0.00	0.00	35.49	493.44
Subtotal						44.37 Ton	\$1831.90		\$0.00	\$0.00	\$141.96	\$1,973.86
Invoice Total						44.37	\$1831.90		\$0.00	\$0.00	\$141.96	\$1,973.86

Total Invoice —> \$1,973.86

NAI thanks you for your continued support & business!

PO 38603/P
\$1973.86 use P.O. #'s

I see what you are saying
it was delivered to Golf Course 7.75%
Sorry for confusion Thank you!

9/30 / 10/10

PACE SUPPLY CORP.

215 Duke Ct.
 Santa Rosa, CA 95407-7888
 (707) 545-7101 Fax (707) 577-0964

DATE SHIPPED 10/21/08	INVOICE DATE 10/21/08	INVOICE NUMBER 2488007	PAGE 1
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INVOICE

CITY OF UKIAH -
 1320 AIRPORT RD.
 UKIAH, CA 95482

S
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CUST# (03441-00)
 CITY OF UKIAH -
 ACCOUNTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482-6466

011930

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CUSTOMER PURCHASE ORDER 038403	JOB NAME ROB	SHIPPED VIA PICK UP	TERMS 2%10TH NET 25TH	TAXABLE ITEMS
-----------------------------------	-----------------	------------------------	--------------------------	------------------

PART/DESCRIPTION	ORDER	SHIP	LIST	MULT	EXTENSION
DRNSURELOK10.836 SURE-LOK 10.8 WATERTIGHT PIPE 36*20	80	80	9010.48	.4331	3122.40 ✓

RECEIVED
 OCT 29 2008
 CITY OF UKIAH
 FINANCE DEPT.

PO 38689/P
 \$3297.10
 Use PO #38689 / \$3364.39 - PO F.
 add (67.29) discount

3364.39
 - 67.29

\$3297.10

10/31
 11/7

THIS INVOICE IS SUBJECT TO ALL TERMS AND CONDITIONS ON THE FACE AND REVERSE	GROSS 3122.40	TAX% 7.75	SALES TAX 241.99	FREIGHT 0.00	OTHER CHARGES 0.00	INVOICE TOTAL 3364.39
---	------------------	--------------	---------------------	-----------------	-----------------------	--------------------------

PACE SUPPLY CORP.

2815 Duke Ct.
 Santa Rosa, CA 95407-7888
 (707) 545-7101 Fax (707) 577-0864

DATE SHIPPED	INVOICE DATE	INVOICE NUMBER	PAGE
09/24/08	09/24/08	2466964	1

INVOICE

CITY OF UKIAH
 1320 AIRPORT RD.
 UKIAH, CA 95482

S
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CUST# (03441-00)
 CITY OF UKIAH
 ACCOUNTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482-6466

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V# 011930

CUSTOMER PURCHASE ORDER	JOB NAME	SHIPPED VIA	TERMS	TAXABLE ITEMS			
38602	GOLF COURSE DRAINAGE	OUR TRUCK	2X10TH NET 25TH				
PART/DESCRIPTION	ORDER	SHIP	LIST	MULT	EXTENSION		
DRNSURELOK48 SURE-LOK PIPE W/F477 48*20	1	40	15325.84	.4325	✓ 2651.76 Y		
DRNSURELOK10.812 SURE-LOK 10.8 WATERTIGHT PIPE 12*20	2	40	1510.40	.4442	✓ 268.39 Y		
INSTRUCTIONS: SHIP COMPLETE, CALL ASAP TO SET UP DEL. TIME AND PLACE MARY 463-6233							
<p>RECEIVED</p> <p>SEP 29 2008</p> <p>CITY OF UKIAH FINANCE DEPT.</p> <p>GUY 9/30/08</p> <p>PROJ #8013</p> <p>FRANKS</p> <p>TOM</p> <p>10/24</p>							
<p>PO 38602/P</p> <p>3155.46 / 1-2 from po 'F'</p> <p>add 9.00 shpg/hdlg F</p>							
THIS INVOICE IS SUBJECT TO ALL TERMS AND CONDITIONS ON THE FACE AND REVERSE		GROSS	TAX%	SALES TAX	FREIGHT	OTHER CHARGES	INVOICE TOTAL
		2920.15	7.75	226.31	9.00	0.00	3155.46

SUBMIT DUPLICATE INVOICES TO:
 CITY OF UKIAH
 ACCOUNTS PAYABLE
 300 SEMINARY AVENUE
 UKIAH, CA 95482

SHORT FORM PURCHASE ORDER

H. Murray's C. C. Co.

SF-D 7708

DATE ISSUED: 9/22/08

ACCOUNTS PAYABLE: 707-463-6230, Fax: 707-463-6204

PURCHASING DEPT: 707-463-6233, Fax: 707-463-6234

Murray's
 1175 Ridge Road, Furren CA 95439
 Jim: 707-546-7706

ACCOUNT NUMBER	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
6012.	3 EA	50150 Erosion Blankets	458.00	1374.00
358a	1 EA	White 9" x 20'ic min	24.50	24.50
630.		Straps for Blankets...		
000	500	STRAPS	45.00	225.00
Reorder		DEVELOPER	150.-	150.-
Code: 8013	Code: SEP			

SHIP TO: CITY OF UKIAH -

UKIAH, CA 95482

PHONE NUMBER OF DEPARTMENT

AUTHORIZED BY

Authorizes for Billings
Jeff Ditch Peaster

PLEASE PRINT NAME

FOR ORDER INFORMATION

DATE

Cornflower Farms
 P.O. Box 896
 Elk Grove CA 95759

Phone#: 916/689/1015
 FAX#: 916/689/1968
 E-mail: natives@cornflowerfarms.com

INVOICE

GWSS
 Compliance
 GWSS #34-003

Sold To: City of Ukiah
 300 Seminary Ave
 Ukiah CA 95482

Ship To: Golf/Parks Dept
 599 Park Blvd
 Ukiah CA 95482

credit card

Customer ID		Invoice Date	Ship Via	Terms	Page
CITUK11		9/30/08		COD	1
Purchase Order No.		Date Shipped	Ordered By		F.Q.B
790006		9/30/08			
Quantity		Item Number	Description	Unit Price	Extended Price
Ordered	Shipped	B.O.			
9	9	0	CORSTO-01 Cornus stolonifera redtwig or western dogwood	4.62	41.58
16	16	0	ROSCAL-01 Rosa californica California wild rose	4.62	73.92
24	24	0	LONHIS-01 Lonicera hispidula var. vacillans pink wild honeysuckle	4.80	115.20
17	17	0	SYMALB-01 Symphoricarpos albus var. laevigatus snowberry	4.75	80.75
1	1	0	FREIGHT Contact: Mary Hoyer 707/469-6233 Delivery Charge	75.00	75.00
9	9	0	VITCAL-01 Vitis californica California wild grape Contact: rob 707/272-0642	4.80	43.20

460.80 /
Items 1-5 per PO. 388.14 F
Item 6 80.81
<2.15> DT. 837
7.75% = 33.30
- 31.15

Terms are cash on delivery unless buyer has obtained prior credit approval. Payment will be due within 30 days of shipment. A service charge of 2% per month (24% per year) shall be paid on all past due accounts. We provide a curbside delivery. The truck can not be taken on unimproved roads. The driver is not responsible to "spot" plants in locations or carry plants into the job site. We require assistance when unloading at all job sites and nurseries. All claims must be made immediately upon receipt of goods. We will not honor claims which are filed after goods have been accepted or which are not made within 72 hours after arrival. Warranty of goods is neither expressed or implied, as to variety, description, life, or productivity of any nursery stock we sell. Customers will be charged a restocking fee of 20% of the value of any approved returned materials. California Nursery Stock Certificate No: B5743 - Shipments need not be held for inspection in California. Issued by: Sacramento County Agricultural Commissioner and California Department of Agriculture, Sacramento 95814

Materials		354.65
Labor		
Sales Tax	7.250	31.15
Freight	267.00	75.00
Total		460.80

Received / Terms Accepted: *[Signature]* 0631

Date: 10-1-08

Original Copy



INVOICE

PLEASE MAIL REMITTANCE TO:
 FILE 7436501
 PO BOX 60000
 SAN FRANCISCO, CA 94160-3523

INVOICE DATE: 10/22/08

Ukiah Office
 707-467-4100 (2030)

ORDER NO.	CUSTOMER NO.	PLANT NO.	INVOICE NO.
T071202	202076	203831	112277

202076

Ukiah, City of
 300 Seminary Avenue
 Prsh. Ord. 038381 exp. 06/30/09
 Ukiah, CA 95482

JOB ADDRESS	DATE OF SALE
GOLF COURSE	10/22/08
	POB:

A LATE PENALTY OF 1.5% WILL BE APPLIED ON PAST DUE BALANCES MONTHLY.

PAGE: 1

TICKET NUMBER	MATERIAL DESCRIPTION	QUANTITY	UNIT	PRICE	OTHER CHARGES	FREE AMOUNT	EXTENDED AMOUNT	FOB	
✓ 33738895	10/22/08 5/16" RED SAND (3004)	6.77		28.00	0.00	0.00	189.56	P	18
✓ 33738896	10/22/08 5/16" RED SAND (3004)	5.97		28.00	0.00	0.00	167.16	P	18
PRODUCT TOTAL 5/16" RED SAND (3004)		12.74	Ton		0.00	0.00	356.72		

RECEIVED

OCT 28 2008

CITY OF UKIAH
 FINANCE DEPT.

6123580.030.000
 Proj# 8013

TERMS: NET 30. The prevailing party shall be entitled to reasonable attorneys fees and costs in any action to collect the amounts due hereunder.

TOTAL FREIGHT \$0.00
 SUBTOTAL \$356.72
 SALES TAX \$27.64

Attention Accounts Payable!
 Have a Wonderful Day!

INVOICE TOTAL
\$384.36

FOB: P - PLANT J - JOB * - FOR INTERNAL USE ONLY

Thank you for your business.

WARNING: THIS PRODUCT CONTAINS A CHEMICAL KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER, BIRTH DEFECTS OR OTHER REPRODUCTIVE HARM. MSDS SHEETS AVAILABLE AT WWW.GRANITECONSTRUCTION.COM/MSDS OR BY CONTACTING YOUR LOCAL OFFICE.



4055 SANTA ROSA AVE. • SAN 11
 1360 BROADWAY • SONOMA, CA 95476 • 707/939-8811
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLD TO

SHIP TO

ATTN: ACCOUNTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

ATTN: ACCOUNTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
5165	038378	Net 10th	32802282	10/30/08	DGH	32675997	10/30/08
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
-1	0	-1	EA	BASALITE PALLET CHARGE 4311111	20.000	-20.000	
				Return 612 3580 630 000			
				PROJ 8013			
				Tom Chubb			
				"If we don't have it you don't need it"			
October 30, 2008 10:20:40 DT: DGH					FILLED BY	DATE BY	DRWER
						10 / 1	
SHIP VIA					MERCHANDISE	-20.00	
***** * CREDIT MEMO * *****					OTHER	0.00	
IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchaser agrees to pay all attorneys fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. *employee i. d. required*					TAX 7.750%	-1.55	
					FREIGHT	0.00	
RECEIVED THE ABOVE IN GOOD CONDITION: <u>X Cole Gamm 4700</u>					TOTAL	21.35	



4055 SANTA ROSA AVE. • SANTA ROSA, CA 95407 • 707/584-7811
 1360 BROADWAY • SONOMA, CA 95476 • 707/939-8811
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLO TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
5165	038378	Net 10th	32800692	10/28/08	SLA	32674455	10/28/08
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
-2	0	-2	EA	Donald O'Hara BASALITE PALLET CHARGE 4311111	18.750	-37.50*	
56	0	56	EA	CONCRETE MIX 60# 4310064 voucher #25994	2.480	138.88*	
				<p><i>GOLF</i> <i>BACK "19" 612 3580 630 000</i> <i>#PROJECT #8013</i> <i>Tom [Signature]</i></p>			
October 28, 2008 15:05:29 0T:SLA				FILED BY	CHECK BY	DRIVER	MERCHANDISE
***** * INVOICE * *****				SHIP VIA			101.38
*****							OTHER
*****							0.00
*****							TAX 7.750%
*****							7.86
*****							FREIGHT
*****							0.00
*****							TOTAL
*****							109.24

IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchaser agrees to pay all attorneys fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit.
 employee i. d. required

RECEIVED THE ABOVE IN GOOD CONDITION:

[Handwritten signature] 7509



4055 SANTA ROSA AVE. • SANTA ROSA
 1360 BROADWAY • SONOMA, CA 95476 • 707/939-8811
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLD TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMNM	INVOICE #	INVOICE DATE
5165	038378	Net 10th	32800599	10/28/08	CLJ	3267436	10/28/08
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
1	0	1	EA	BASALITE PALLET CHARGE RETURN 4311111	18.750	18.75*	
56	0	56	EA	CONCRETE MIX 60# 4310064	2.480	138.88*	
<p><i>GOLF BACK 119" perfect Tom Whalbit</i></p> <p>612 3580 630 000 = 8013</p> <p>"If we don't have it you don't need it"</p>							
October 28, 2008 14:06:27 DT:CLJ				FILLED BY	CHKD BY	DRIVER	
							MERCHANDISE 157.63
***** * INVOICE *				SHIP VIA			OTHER 0.00
*****							TAX 7.750% 12.22
<small>IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Pure 360 Express is by all attorneys fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. *employee i. d. required*</small>							
							FREIGHT 0.00
RECEIVED THE ABOVE IN GOOD CONDITION:							TOTAL 169.85



4055 SANTA ROSA AVE. • SANTA ROSA, CA 95407 • 707/584-7811
 1360 BROADWAY • SONOMA, CA 95476 • 707/938-8911
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLD TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
5165	038378	Net 10th	32799958	10/28/08	SLA	32673736	10/28/08
ORDERED	BACK ORDERED	SHIPPED	QTY	DESCRIPTION	PRICE	AMOUNT	
-5	0	-5	EA	Cole Gowan BASALITE PALLET CHARGE 4311111	18.750	-93.75*	
<p>612 3580 630 000 PROJ # 8013 Tom Chumblet</p> <p>NO GOOD</p> <p>"if w/e don't have it you don't need it"</p>							
October 28, 2008 07:34:45 QT:SLA				FILED BY	CHECK BY	DISCOVER	
***** * CREDIT MEMO * *****				SHIP VIA		MERCHANDISE	-93.75
IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchaser agrees to pay all attorneys fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. *employee i. d. required*						OTHER	0.00
						TAX 7.750%	-7.27
						FREIGHT	0.00
RECEIVED THE ABOVE IN GOOD CONDITION:				X <i>Colin Brown</i> 1700		TOTAL	-101.02



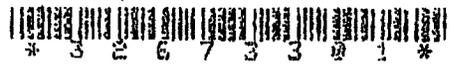
4055 SANTA ROSA AVE. • SANTA RO
 1360 BROADWAY • SONOMA, CA
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLD TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSM#	INVOICE #	INVOICE DATE
5165	038378	Net 10th	32799499	10/27/08	NEW	32673301	10/27/08
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
1	0	1 EA		raul ramos BASALITE PALLET CHARGE Return 4311111	18.750	18.75*	
56	0	56 EA		CONCRETE MIX 50# 4310064	2.480	138.88*	
<p><i>Golf Course</i></p> <p><i>BACK "9" PROJECT # 8013</i></p> <p><i>Tom Whitt</i></p> <p><i>"If we don't have it you don't need it"</i></p> <p>612 3580 630 000</p>							
October 27, 2008 14:16:54 DT:NEW					MERCHANDISE		157.63
***** * INVOICE * *****					OTHER		0.00
SHIP VIA					TAX 7.750%		12.22
IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchaser agrees to pay all attorney fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. *Employee I. O. Required*					FREIGHT		0.00
RECEIVED THE ABOVE IN GOOD CONDITION:					TOTAL		169.85



4055 SANTA ROSA AVE. • SANTA ROS
 1360 BROADWAY • SONOMA, CA 95476 • 707/939-8811
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLD TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
5165	030378	Net 10th	32799258	10/27/08	NEW	32673064	10/27/08
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
1	0	1	EA	Rail Ramps	18.750	18.75*	
56	0	56	EA	BASALITE PALLET CHARGE 4311111 CONCRETE MIX 60# 4310064	2.480	138.88*	
				<p>Golf Course 612 3580 630 000 PROJ # 8013 Tom Shublet</p>			
October 27, 2008 12:06:54 OT:NEW				FILED BY	DRIVER	MERCHANDISE	157.63
***** # INVOICE # *****				SHIP VIA		OTHER	0.00
IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchase order to pay all attorney fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. Employee I. D. Required						TAX 7.750%	12.22
RECEIVED THE ABOVE IN GOOD CONDITION: X						FREIGHT	0.00
						TOTAL	169.85



4055 SANTA ROSA AVE. • SANTA ROSA, CA 95407 • 707/584-7811
 1360 BROADWAY • SONOMA, CA 95476 • 707/939-8811
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLO TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482



Shipment #: 1

ACCOUNT #	CUSTOMER PO. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE						
5165	038378	Net 10th	32796836	10/24/08	CLJ	32570729	10/24/08						
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT							
56	0	56 EA		cole goman CONCRETE MIX 60# 431006A <i>Golf Storage</i> <i>612.3580.030.000</i> <i>PROJ 8013</i> "if we don't have it you don't need it"	2.480	138.88*							
October 24, 2008 14:30:07 DT:CLJ				<table border="1"> <tr> <td>ILLED BY</td> <td>CRVD BY</td> <td>DRIVER</td> </tr> <tr> <td></td> <td>0 / 1</td> <td></td> </tr> </table>	ILLED BY	CRVD BY	DRIVER		0 / 1		MERCHANDISE	138.88	
ILLED BY	CRVD BY	DRIVER											
	0 / 1												
***** * INVOICE * ***** IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchaser agrees to pay all attorney fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. *employee i. d. required*				SHIP VIA	OTHER	0.00							
RECEIVED THE ABOVE IN GOOD CONDITION: <i>X [Signature]</i>				TAX	7.750%	10.75							
				FREIGHT		0.00							
				TOTAL		149.64							



4055 SANTA ROSA AVE. • SANTA RC
 1360 BROADWAY • SONOMA, CA 95476 • 707/939-8811
 1255 AIRPORT PARK BLVD. • UKIAH, CA 95482 • 707/468-7811

SOLD TO

SHIP TO

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

CITY OF UKIAH
 ATTN: ACCTS PAYABLE
 300 SEMINARY AVE
 UKIAH, CA 95482

1 3 2 5 7 0 2 6 3 4

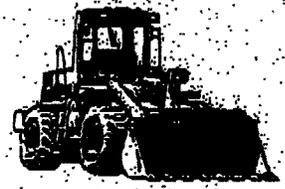
Shipment #: 1

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
5165	028379	Net 10th	32796357	10/24/08	BJM	32670263	10/24/08
ORDERED	BACK ORDERED	SHIPPED	QTY	DESCRIPTION	PRICE	AMOUNT	
1	0	0	1	RL 040 LBS 180"X360' FILTER FABRIC 1597250	413.100	413.10*	
36	0	0	36	EA CONCRETE MIX 50# 4310004	2.480	138.88*	
1	0	0	1	EA BASALITE PALLET CHARGE 4311111 Cole Cowan	18.750	18.75*	
<p><i>Golf driving</i> <i>• 6012.35800030.000</i> <i>PROJ 8013</i> <i>50/50 100-6001-690-000</i> <i>Tom Schmitt</i></p> <p><i>"If we don't have it you don't need it"</i></p>							
October 24, 2008 09:51:24 DT:UJM				FILLED BY:	CR'D BY:	DRIVER:	
					0 / 1		
SHIP VIA				MERCHANTISE		570.75	
***** * INVOICE *				OTHER		0.00	
***** IMPORTANT: SEE REVERSE SIDE FOR TERMS & CONDITIONS OF SALE. Purchaser agrees to pay all attorneys fees, court costs and interest in the event any charges are incurred by seller in collecting the amounts represented by this invoice, with or without litigation or suit. *employee i. d. required*				TAX 7.750%		44.23	
RECEIVED THE ABOVE IN GOOD CONDITION:				FREIGHT		0.00	
X / Cole Cowan 9/2008				TOTAL		614.36	



CUSTOMER COPY ORIGINAL INVOICE

10/07/08



THANK YOU FOR RENTING FROM HERTZ!



CUSTOMER NUMBER: 1559622

RES/QUOTE NUMBER:

INVOICE NUMBER: 23880617-001

CITY OF UKIAH 300 SEMINARY AVE UKIAH, CA 95482-5400		PO NUMBER: JOB NUMBER: ORDERED BY: SIGNED BY: DELIVERED BY: RENTAL START DATE: CLOSED BY: SALES REP:	GOLF 2 - GOLF COURSE GO TOM TOM CUSTOMER 10/07/08 10:00 FAWNELL C. MEDERS STEVEN CITTI
SHIPPING ADDRESS: GOLF COURSE SEMINARY AVE UKIAH, CA. 95482	HERTZ LOCATION: 744 100 WEST LAKE MENDOCINO D UKIAH, CA 95482 Ph: 707-463-5844 Fax: 707-463-5848	RENTAL HOURS: INVOICE FROM DATE: INVOICE THRU DATE:	4:00 10/07/08 10:01 10/07/08 14:00

PAYMENT TERMS ARE NET 10 DAYS

Customer is responsible for FUEL, FLATS, DAMAGE and CLEANUP FEES.

LATE CHARGES MAY APPLY FOR CUSTOMER SERVICE AND BILLING INQUIRIES CALL 1-800-456-6492

DIRECT PAYMENT TO:
HERTZ EQUIPMENT RENTAL CORPORATION
P.O. BOX 650280
DALLAS, TX 75265-0280

	ORIGINAL	ADJ.	TOTAL
RENTAL CHARGES	65.00		65.00
OTHER CHARGES	1.00		1.00
TAXABLE CHARGES	58.00		58.00
TAX	4.35		4.35
TOTAL CHARGES	60.35		60.35
NET DUE			60.35

*612,3580.630.000
PC #8013*

Qty	Equipment #	HR	Min	Hour	Day	Week	4 Week	Amount
1	SAW/WALK BEHIND/MANUAL/10-19HP/GAS 133116039 Make: EDCO Model: DS16A Ser #: 060610094	4	55.00	13.33	85.00	325.00	645.00	55.00
	ENVIRONMENTAL RECOVERY FEES 6686000001							1.00
	DATE 10/07/08							
	TYPE HERTZ CHARGE							AMOUNT 60.35

Golf course asphalt cutting

Mike Higgins 1079

PROJ # 8013

For GREAT DEALS on USED EQUIPMENT - visit us on-line at www.hertzequip.com
Detach and send bottom portion with payment.

CITY OF UKIAH
300 SEMINARY AVE
UKIAH, CA 95482-5400

10/07/08

Customer Number: 1559622
Invoice Number: 23880617-001

PLEASE PAY THIS AMOUNT: 60.35

Tom [Signature]

GRANITE CONSTRUCTION COMPANY SINCE 1922

INVOICE

PLEASE MAIL REMITTANCE TO:
 FILE 7436501
 PO BOX 60000
 SAN FRANCISCO, CA 94160-3523

INVOICE DATE: 10/29/08

Ukiah Office
 707-467-4100 (2030)

ORDER NO.	CUSTOMER NO.	PLANT NO.	INVOICE NO.
T071202	202076	203831	112509

202076

Ukiah, City of
 300 Seminary Avenue
 Prsh. Ord. 038381 exp. 06/30/09
 Ukiah, CA 95482

JOB ADDRESS	DATE OF SALE
GOLF COURSE	10/29/08
	PO#

A LATE PENALTY OF 1.5% WILL BE APPLIED ON PAST DUE BALANCES MONTHLY.

PAGE: 1

TICKET NUMBER	MATERIAL DESCRIPTION	QUANTITY	UNIT PRICE	OTHER CHARGES	FEE AMOUNT	EXTENDED AMOUNT	FOB	*
✓ 33739098	10/29/08 19mm AGG BASE CL2 (3/4") (1000)	7.36	20.00	0.00	0.00	147.20	P	18
PRODUCT TOTAL		7.36	Ton	0.00	0.00	147.20		

RECEIVED

NOV 03 2008

CITY OF UKIAH
 FINANCE DEPT.

612.3580.630.000
 Proj# 8013

TERMS: NET 30. The prevailing party shall be entitled to reasonable attorneys fees and costs in any action to collect the amounts due hereunder.

TOTAL FREIGHT \$0.00
 SUBTOTAL \$147.20
 SALES TAX \$11.41

Attention Accounts Payable
 Have a Wonderful Day!

INVOICE TOTAL
 \$158.61

FOB: P - PLANT J - JOB

* - FOR INTERNAL USE ONLY

Thank you for your business.

WARNING: THIS PRODUCT CONTAINS A CHEMICAL KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER, BIRTH DEFECTS OR OTHER REPRODUCTIVE HARM. MSDS SHEETS AVAILABLE AT WWW.GRANITECONSTRUCTION.COM/MSDS OR BY CONTACTING YOUR LOCAL OFFICE.

GCI REV. 3/07

PURCHASE ORDER

Purchase order numbers must appear on all invoices and packages

781-1419

CITY OF UKIAH

SUBMIT DUPLICATE INVOICES
 TO: ACCOUNTS PAYABLE
 300 SEMINARY AVENUE
 UKIAH, CA 95482
 ACCTS. PAYABLE (707) 463-6230
 PURCH. DEPT. (707) 463-6233
 PURCH. FAX: (707) 463-6234

PURCHASE ORDER NUMBER 038650

PAGE 1 OF 1

DATE 10/16/2008

VENDOR: 011865	SHIP TO: 000005
BARUTER/DAVID M DNA POSITIVE HYDROSEEDING 16027 N SHORE DR HIDDEN VALLEY LAKE CA 95467	CITY OF UKIAH GOLF/PARKS DEPT 599 PARK BLVD UKIAH CA 95482

DELIVER BY: **FOB:**
UKIAH

TERMS: NET 30 **TAX:** **CONFIRM TO:** SKIP **PHONE:** (707) 987-1946 0000

LINE NO.	QUANTITY UOM	DESCRIPTION	UNIT PRICE		EXTENSION
01	1.00 LOT	HYDROSEEDING AT THE CITY OF UKIAH'S 612-3580-630-000 MUNICIPAL GOLF COURSE, 599 PARK BLVD, UKIAH, CA; HOLE 15.	1,100.00	N	1,100.00
02	0.00 HRS	ADDITIONAL CONSULTING AS REQUESTED 612-3580-630-000 AT AN HOURLY RATE OF \$75 PER HOUR. *PER FAX TRANSMITTAL DETAILS 9/26/08	75.00	N	.00

REQUISITION DATE: 10/29/08	REQUESTED BY: MILLS.G	SUBTOTAL:	1,100.00
DELIVER TO: COMM SVGC		TAX:	0.00
		TOTAL:	1,100.00

RECEIVED AS SPECIFIED

[Signature]
 APPROVED FOR PAYMENT DATE 10/16/08

- RECORD (Blue)
- RECEIVING (Pink)
- DEPARTMENT (Gold)
- PURCHASING (Green)
- FINANCE (Yellow)

Record of Daily Job Costs

Location: GOLF COURSE

Date: 10-30-08

Description: PAVE SECTION KART PATH

Employee & Number	Hours	Rate	Cost
HORACIO MELLO	3	27 ⁹³	83 ⁷⁹
MARCO DOLALI	3	27 ⁹³	83 ⁷⁹
GREGG BLANCETT	4	27 ⁹³	111 ⁷²
DARIN MALUKANI	3	30 ⁰⁰	90 ⁰⁰
JUSTIN AVERY	3	27 ⁹³	83 ⁷⁹
FOREST NARVAEZ	3	27 ⁹³	83 ⁷⁹
NICH DALE	4	27 ⁹³	111 ⁷²

Total Labor: 648⁶⁰

B. 75 % USED

Equipment & Number	Hours	Rate	Cost
NEW 10 WHEELER	3	47 ³²	141 ⁹⁶
NEW SERVICE TRUCK	3	13 ⁵⁴	40 ⁶²
OLD SERVICE TRUCK	4	13 ⁵⁴	54 ¹⁶
TAC - POT	4	1 ⁵⁰	6 ⁰⁰
SIX YARD DUMP	3	35 ⁴⁴	106 ³²
ROLLER	3	21 ¹⁸	63 ⁵⁴
ROLLER TRAILER	3	1 ¹⁰	3 ³⁰
SIX YARD DUMP	3	35 ⁴⁴	106 ³²
PAVER	3	126 ⁴⁶	378 ⁹⁸
PAVER TRAILER	3	1 ¹⁰	3 ³⁰

Total Equipment: 908⁸⁸

D. 75 % USED

Material	Quantity	Cost
18 TON 1/2 A/C HOT MIX	94 ⁵⁰	

Total Materials: 1701⁰⁵

Total Daily Job Direct Costs: 3253⁹⁸



PURCHASE ORDER

Purchase order numbers must appear on all invoices and packages

CITY OF UKIAH

SUBMIT DUPLICATE INVOICES
TO ACCOUNTS PAYABLE
300 SEMINARY AVENUE
UKIAH, CA 95482

ACCOUNTS PAYABLE (707) 466-6230
PURCH DEPT. (707) 466-6233
PURCH FAX (707) 466-6234

PURCHASE ORDER NUMBER 038743

PAGE 1 OF 1

DATE: 11/17/2008

VENDOR 018074	SHIP TO 000000
DEPT OF FORESTRY & FIRE PROT DEPARTMENT ACCOUNTING OFFICE 200 BOX 9124 SACRAMENTO CA 94271-2420	CITY OF UKIAH 300 SEMINARY AVENUE UKIAH CA 95482

DELIVER BY FOB

TERMS NET 30	TAX	CONFIRM TO MAT	PHONE (707) 466-6233
---------------------	------------	-----------------------	-----------------------------

LINE NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
01	1.00	LOT	HAND CREWS TO REMOVE BRUSH FROM RIVER FRONT 100.0001-250.000 \$224.20/DAY X 9 DAYS = \$2017.80	2,017.80	N 2,017.80
02	1.00	LOT	INSTALL RIP RAP IN CREEK 100.0001-250.000 \$224.20/DAY X 5 DAYS = \$1121.00 PROJ 5013	1,121.00	N 1,121.00
03	1.00	LOT	INSTALL RIP RAP ALONGS 1/2 TEE BANK 005.6130-250.000 \$224.20/DAY X 1.5 DAYS = \$336.30 PER OCTOBER BILLING	336.30	N 336.30

REQUISITION DATE	REQUESTED BY	SUBTOTAL	3,475.10
TRUETT	HAMBLET, T	TAX	0.00
DELIVER TO	PAHRS	TOTAL	3,475.10

RECEIVED AS SPECIFIED:

- RECORD (Blue)
- RECEIVING (Pink)
- DEPARTMENT (Gold)
- PURCHASING (Green)
- FINANCE (Yellow)

Tom Ambler 11/24/08
APPROVED FOR PAYMENT DATE



PURCHASE ORDER

Purchase order numbers must appear on all invoices and packages

CITY OF UKIAH

SUBMIT DUPLICATE INVOICES
TO ACCOUNTS PAYABLE
800 SEMINARY AVENUE
UKIAH, CA 95482
ACCTS. PAYABLE (707) 468-6230
PURCH. DEPT. (707) 469-6233
PURCH. FAX (707) 469-6234

PURCHASE ORDER NUMBER 038713

PAGE 1 OF 1

DATE 11/17/2008

VENDOR 015979	SHIP TO 00000
DEPT OF FORESTRY & FIRE PROT DEPARTMENT ACCOUNTING OFFICE PO BOX 944246 SACRAMENTO CA 94244-2460	CITY OF UKIAH 300 SEMINARY AVENUE UKIAH CA 95482

DELIVER BY FOB

TERMS NET 30	TAX	CONFIRM TO MATT	PHONE (707) 964-4957 0000
---------------------	------------	------------------------	----------------------------------

LINE NO	QUANTITY U/M	DESCRIPTION	UNIT PRICE	EXTENSION
01	1.00 LOT	HAND CREWS TO REMOVE BRUSH FROM RIVER FRONT 100.6001/250.000 \$224.20/DAY X 9 DAYS = \$2017.80	2,017.80	N 2,017.80
02	1.00 LOT	INSTALL RIP RAP IN CREEK 100.6001/250.000 \$224.20/DAY X 5 DAYS = \$1121.00 *PROJ 8013*	1,121.00	N 1,121.00
03	1.00 LOT	INSTALL RIP RAP ALONG #4 TEE BANK 696.6120/250.000 \$224.20/DAY X 1.5 DAYS = 336.30 *PER OCTOBER BILLING	336.30	N 336.30

REQUISITION DATE	REQUESTED BY	SUBTOTAL	3,475.10
MULT	HAMBLET J	TAX	0.00
DELIVER TO	PARKS	TOTAL	3,475.10

RECEIVED AS SPECIFIED.

Tom [Signature]
APPROVED FOR PAYMENT DATE 11/21/08

- RECORD (Blue)
- RECEIVING (Pink)
- DEPARTMENT (Gold)
- PURCHASING (Green)
- FINANCE (Yellow)