

Proposal**BILL'S UNDERGROUND**

5489 Sobrante Avenue
 EL SOBRANTE, CALIFORNIA 94803-1435
 Lic. No. 533042
 (510) 223-8205 FAX (510) 222-8168
 BillsUnderground@att.net

PROPOSAL SUBMITTED TO

Sonny Payne

PHONE

650-759-5545

DATE

12/28/2016

STREET

Sewer Repair

CITY, STATE AND ZIP CODE

JOB LOCATION

1541 Colin St. San Pablo**sonny.payne@scouting.org**

We hereby submit specifications and estimates for:

Replace 4" Sewer lateral from dwelling with Clean-out and back flow device to sewer main.

Method of Replacement:

Pipe bursting with HDPE pipe

Included:

Permits, Materials, Excavation, Backfill, Asphalt and/or concrete repair(if removed by contractor), All Inspections to satisfy compliance requirements.

Certificate of compliance is owners responsibility.

***NOTE: Video inspection cost not included with replacement.**

We will meet or beat any written competitive estimate...

If lateral is encased in concrete or ductile Iron there will be an extra charge. One connection per job. Contractor will not be responsible for preexisting fixtures, parts, sprinkler systems, drainpipes, plants, trees or landscaping damaged by pipe pull or construction project. Contractor will not repair or replace any of these items.

5 year warranty

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Cash or Check only NO CREDIT CARDS

(\$ 4,875.00)

Payment to be made as follows:

\$400.00 Down payment required before start of contract work.

Balance due upon completion of work.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature

[Signature]

Note: This proposal may be withdrawn by us if not accepted within **30** days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Signature _____

Signature _____