

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

334



FORM APPROVED COUNTY COUNSEL
DATE 9/26/12
BY: MARSHAL VICTOR

Douglas Bagley, Hospital Director
Riverside County Regional Medical Center

By: Policy Policy
 Consent Consent
Dept't Recomm.: Per Exec. Ofc.:

FROM: Economic Development Agency

SUBMITTAL DATE:
October 3, 2012

SUBJECT: Riverside County Regional Medical Center Trauma / Custody / Urgent Care / Sexual Assault Response Team Expansion Phase 1, 2, and 3 - Approval of Change Orders 8, 9, and 10 and Amendment No. 2

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify Change Orders No. 8, 9 and 10 in a cumulative amount of \$346,916 to complete the construction of the Riverside County Regional Medical Center (RCRMC) Trauma / Custody / Urgent Care / Sexual Assault Response Team Expansion Phase 1, 2 and 3 Project site development and find the work integral to the project;
2. Ratify the attached Amendment No. 2 to the professional service agreement between the County of Riverside and MTGL of Riverside, California, in the amount of \$82,011 and authorize the Chairman of the Board to execute the agreement on behalf of the county;

REVIEWED BY CIP
[Signature]
Christopher Hans

[Signature]
Robert Field

(Continued)

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: *[Signature]* 10/2/12
SAMUEL WONG

Assistant County Executive Officer/EDA

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 428,927	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2012/2013

COMPANION ITEM ON BOARD AGENDA: No

SOURCE OF FUNDS: RCRMC Enterprise Fund	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE
[Signature]
BY: **Jennifer L. Sargent**

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Tavaglione and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: October 16, 2012
xc: EDA, RCRMC, CIP

Kecia Harper-Ihem
Clerk of the Board
By: *[Signature]*
Deputy

Prev. Agn. Ref.: 3.24 of 6/05/12; 3.44 of 2/08/11 | District: 5/5 | Agenda Number: **3.47**

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

RECOMMENDED MOTION: (Continued)

3. Approve the attached Landscape Irrigation Budget Agreement with Eastern Municipal Water District and authorize the Assistant County Executive Officer/EDA to execute the agreement; and
4. Authorize the Assistant County Executive Officer/EDA, or designee, to execute the change orders on behalf of the county and administer Amendment No. 2 for MTGL, in accordance with applicable Board policies.

BACKGROUND:

On February 8, 2011, the Board of Supervisors approved the construction agreement between the County of Riverside and ASR Constructors, Inc., of Riverside, California, in the amount of \$7,280,000 for the RCRMC Trauma / Custody / Urgent Care / Sexual Assault Response Team Expansion Phase 1, 2 and 3 Project. During construction, \$288,687 in change orders were approved, increasing the total contract value to \$7,568,687.

Change Order No. 8, in the amount of \$146,500, addresses the need of installing utility infrastructure for the future Operations Building.

Change Order No. 9, in the amount of \$144,741, addresses the need of installing utility infrastructure for the future Nursing and Allied Health Education Building, and sewer laterals for future building.

Change Order No. 10, in the amount of \$55,675, addresses the need of stabilizing soil found in moist conditions, irrigation infrastructure for future buildings, extension of guardrails for code compliance, relocation of clean-outs, and resin panels at new signs.

This work was not part of the original scope of work but vital to the operations of future planned buildings. The combined change orders described above as well as all previously approved change orders and contract amendments are within the project's budget. ASR Constructors, Inc. had all the necessary means to complete the change orders work, having been already on site and were familiar with the project. This helped expedite the additional work and complete the additional scope of work within a timely manner. The change orders will compensate ASR Constructors, Inc., in the amount of \$346,916 for work essential to complete the project. Therefore the Board of Supervisors is asked to approve Change Orders No. 8, 9, and 10 because the work is integral to the project and competitive bidding and advertisement would be impractical.

(Continued)

BACKGROUND: (Continued)

On February 8, 2011, the Board of Supervisors approved a professional services agreement between the County of Riverside and MTGL of Riverside, California, in the amount of \$134,524 for testing and inspection services of the project. On June 5, 2012, the Board of Supervisors approved Amendment No. 1 in the amount of \$44,328 to allow for two additional months of soil technicians, welding inspections, and ultrasonic inspections which were not included in the original scope of work. The Office of the Statewide Health Planning and Development unplanned permitting and required inspections resulted in the need for additional testing and inspection services. As a result of these additional services, Amendment No. 2 will compensate MTGL in the additional amount not-to-exceed \$82,011.

On November 8, 2011, the Board of Supervisors approved a service agreement with Eastern Municipal Water District (EMWD). The service agreement was required for the extension of facilities as part of the construction contract. The landscape irrigation budget agreement between the County of Riverside and EMWD will allow for installation of new landscape meters.

All costs associated with this project will be fully funded by the RCRMC Enterprise Fund, thus no net county costs will be incurred.

Attachments:

ASR Change Orders No. 8 (Copy)
ASR Change Orders No. 9 (Copy)
ASR Change Orders No. 10 (Copy)
MTGL Amendment No. 2
EMWD Project Connections Form

**COUNTY OF RIVERSIDE ECONOMIC DEVELOPMENT AGENCY
CHANGE ORDER NO. 8**

Date: 07/26/2012

To Contractor:

ASR Constructors Inc
5230 Wilson Street
Riverside, CA. 92508

COPY

Project: RCRMC Trauma/Custody/Urgent Care/Sexual Assault
Response Team Expansion
Project No.: 20100004

You are directed to make the following changes. Changes shall include labor, material and equipment; each item to include all charges or indirect arising out of this work:

Description of Change	COR#	Type	Amount
1) RCIT OSP Phase 1	63	ADD	\$146,500.00

The specifications, where pertinent, shall apply to these changes.

This Change Order Provides for a time extension of 0 calendar days.

Original Contract Duration (Calendar days): 0

Prior Authorized Time Extension (Calendar days): 0

Revised Construction Duration (Calendar days): 0

Original Contract Completion Date: _____

Revised Contract Completion Date: _____

NOTE: This change order is not effective until ALL signatures below are obtained, and if applicable, signature authority approval by Form 11 as indicated per Change Order Guidelines.

The undersigned contractor has given careful consideration to the change proposed, including its effect on other work already contracted for, and hereby agrees, if this change order is approved, that he will provide all equipment, furnish all materials, except as may otherwise be noted above, and perform all services necessary for the work above specified, and will accept as full payment for all costs related in any way thereto the prices shown above.

1) Marc W Barry 7-30-12
Contractor (signature) Date
Marc W Barry
Contractor's Printed name

2) _____
Executive Director or Designee (signature) Date

Lisa Brandl
Executive Director or Designee's Printed name

3) JOE KRANGLUND, AIA 07/30/2012
Architect (signature) Date
JOE KRANGLUND, AIA
Architect's Printed name

4) SERGIO PENA 7-26-12
Project Manager (signature) Date
SERGIO PENA
Project Manager's Printed name

Original Contract	\$7,280,000.00
Prior Authorized [] ADD [] DED	\$288,687.39
Total Contract Prior to this Change	<u>\$7,568,687.39</u>
Authorized Changes on this C.O.:	
Addition	<u>\$146,500.00</u>
Deduction	<u>\$0.00</u>
Net: <input checked="" type="checkbox"/> Addition [] Deduction	<u>\$146,500.00</u>
Amount of Contract Authorized Including this Change Order	<u>\$7,715,187.39</u>

Pursuant to:
 Board Policy B-11
 M.O. and Date _____

**COUNTY OF RIVERSIDE ECONOMIC DEVELOPMENT AGENCY
CHANGE ORDER NO. 9**

Date: 07/26/2012

Project: RCRMC Trauma/Custody/Urgent Care/Sexual Assault
Response Team Expansion
Project No.: 20100004

To Contractor:

ASR Constructors Inc
5230 Wilson Street
Riverside, CA. 92508

COPY

You are directed to make the following changes. Changes shall include labor, material and equipment; each item to include all charges or indirect arising out of this work:

Description of Change	COR#	Type	Amount
1) RFI 32 response	10	ADD	\$17,540.97
2) RCIT OSP Phase 2	64	ADD	\$127,200.00

The specifications, where pertinent, shall apply to these changes.

This Change Order Provides for a time extension of 0 calendar days.

Original Contract Duration (Calendar days): 0

Prior Authorized Time Extension (Calendar days): 0

Revised Construction Duration (Calendar days): 0

Original Contract Completion Date: _____

Revised Contract Completion Date: _____

NOTE: This change order is not effective until ALL signatures below are obtained, and if applicable, signature authority approval by Form 11 as indicated per Change Order Guidelines.

The undersigned contractor has given careful consideration to the change proposed, including its effect on other work already contracted for, and hereby agrees, if this change order is approved, that he will provide all equipment, furnish all materials, except as may otherwise be noted above, and perform all services necessary for the work above specified, and will accept as full payment for all costs related in any way thereto the prices shown above.

1) Mark W Berry 7-30-12
Contractor (signature) Date

Mark W Berry
Contractor's Printed name

2) _____
Executive Director or Designee (signature) Date

Lisa Brandl
Executive Director or Designee's Printed name

3) [Signature] 07/30/2012
Architect (signature) Date

JOEY KRAGELUND, AIA
Architect's Printed name

4) [Signature] 7-26-12
Project Manager (signature) Date

SERGIO PENA
Project Manager's Printed name

Original Contract	\$7,280,000.00
Prior Authorized [] ADD [] DED	\$435,187.39
Total Contract Prior to this Change	\$7,715,187.39

Authorized Changes on this C.O.:	
Addition	\$144,740.97
Deduction	\$0.00

Net: Addition [] Deduction \$144,740.97

Amount of Contract Authorized Including this Change Order \$7,859,928.36

Pursuant to:
 Board Policy B-11
 M.O. and Date _____

COUNTY OF RIVERSIDE ECONOMIC DEVELOPMENT AGENCY
CHANGE ORDER NO. 10

TO: ACCOUNT FILE
POSTED
 BY MR DATE 8/21/12

Date: 07/26/2012

To Contractor: 2012 AUG 21 PM 12:35

Project: RCRMC Trauma/Custody/Urgent Care/Sexual Assault
 Response Team Expansion
 Project No.: 20100004

ASR Constructors Inc
 5230 Wilson Street
 Riverside, CA 92508
 Accounting & Finance Desk

COPY

You are directed to make the following changes. Changes shall include labor, material and equipment; each item to include all charges or indirect arising out of this work:

Description of Change	COR#	Type	Amount
1) added conduit/ pull rope for future building irrigation control	53	ADD	\$5,907.67
2) soil stabilization for moist soil conditions	54	ADD	\$18,220.77
3) repair damage by SCG at Cactus Ave.	56	ADD	\$5,420.79
4) cost impact per RFI 71	58	ADD	\$4,563.47
5) provide 200lf of 42" tube steel guardrails	61	ADD	\$4,646.00
6) move clean-outs to landscape area	62	ADD	\$2,346.23
7) resin panels for second face of sign type 2/7	65	ADD	\$14,570.13

The specifications, where pertinent, shall apply to these changes.

This Change Order Provides for a time extension of 0 calendar days.

Original Contract Duration (Calendar days): 0

Prior Authorized Time Extension (Calendar days): 0

Revised Construction Duration (Calendar days): 0

Original Contract Completion Date: _____

Revised Contract Completion Date: _____

NOTE: This change order is not effective until ALL signatures below are obtained, and if applicable, signature authority approval by Form 11 as indicated per Change Order Guidelines.

The undersigned contractor has given careful consideration to the change proposed, including its effect on other work already contracted for, and hereby agrees, if this change order is approved, that he will provide all equipment, furnish all materials, except as may otherwise be noted above, and perform all services necessary for the work above specified, and will accept as full payment for all costs related in any way thereto the prices shown above.

1) M. W. Berry 7.30.12
 Contractor (signature) Date

M. W. Berry
 Contractor's Printed name

2) T. L. Miller 8.15.12
 Executive Director or Designee (signature) Date

TIM MILLER
 Executive Director or Designee's Printed name

3) [Signature] 08/17/2012
 Architect (signature) Date

JOE KRAGELUND, AIA
 Architect's Printed name

4) [Signature] 7-26-12
 Project Manager (signature) Date

SERGIO PENA
 Project Manager's Printed name

Original Contract	\$7,280,000.00
Prior Authorized <input type="checkbox"/> ADD <input type="checkbox"/> DED	\$579,928.36
Total Contract Prior to this Change	\$7,859,928.36

Authorized Changes on this C.O.:	
Addition	\$55,675.06
Deduction	\$0.00

Net: Addition Deduction \$55,675.06

Amount of Contract Authorized Including this Change Order \$7,915,603.42

Pursuant to: _____
 Board Policy B-11
 M.O. and Date _____

POSTED
 8-20-12
 A.C.

1 not to exceed amount of the Agreement to Two Hundred Sixty Thousand Eight
2 Hundred Sixty Two Dollars and Seventy Cents (\$260,862.70).


3
4 IN WITNESS HEREOF, the parties hereto have caused their duly authorized
5 representatives to execute this Second Amendment on
6 OCT 16 2012

7 (To be filled in by Clerk of the Board)

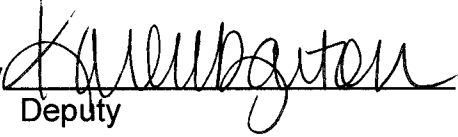
8
9 **COUNTY OF RIVERSIDE**

10 
11 **John Tavaglione**
12 Chairperson, Board of Supervisors

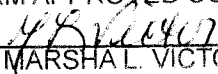
MTGL

13 
14 **Steven Koch**
15 Senior Vice-President
16 14467 Meridian Pkwy, Bldg 2A
17 Riverside, CA

18
19 **ATTEST:**
20 Kecia Harper-Ihem
21 Clerk of the Board

22
23 By 
24 Deputy

25
26
27
28 **OCT 16 2012 3:47**

FORM APPROVED COUNTY COUNSEL
BY:  9/26/12
MARSHAL L. VICTOR DATE

**Geotechnical Engineering
Construction Inspection
Materials Testing
Environmental**



Tuesday, September 18, 2012

Central Dispatch
(800) 491-2990

Office Locations

Corporate Branch
Orange County

2992 E. La Palma,
Suite A
Anaheim, Ca 92806

Tel: 800 491-2990
Fax: 714 632-2974

Branch Offices

Indio

Los Angeles /
Ventura County

San Bernardino /
Riverside

San Diego /
Imperial Counties

Certifying Agencies

State of California
D.S.A
OSHPD
American Assoc. of
State Highways
Cal Trans
CCRL
Cement & Concrete
Reference
Laboratory

Los Angeles
LA County
LA City
MTA

Orange County
Orange County
Environmental
Management Agency

San Diego
San Diego City
San Diego County
SD Water Authority

Inland Empire
City of Riverside
County of Riverside

Mr. Sergio Pena

REQUEST FOR BUDGET INCREASE – RIVERSIDE REGIONAL MEDICAL CENTER

MTGL has been notified the project will come to a close for our services under the existing contract. For the last five months MTGL has been providing services in anticipation of a one-time change order to complete the project. Several significant items have affected the completion which was not under MTGL's control as the quality control group for the County of Riverside.

MTGL requests a change order in the amount of \$82,010.70 for services rendered.

Accounts Receivable Ledger

Tuesday, September 18, 2012

MTGL, Inc.		As of September 18, 2012		9:23:02 AM			
Invoice Number	Date	Total	Fees	Reimb.	Taxes	Interest	Other
2659036.00 RIVERSIDE REGIONAL MEDICAL-SITE WORK / KOCH / LONDON							
0033110							
	Rcpt 0502295	4/14/11	2,456.00	2,456.00			
		6/3/11	-2,456.00				
	Invoice Balance		0.00				
0033420							
	Rcpt 5023101	5/10/11	16,762.00	16,762.00			
		8/29/11	-16,762.00				
	Invoice Balance		0.00				
0033674							
	Rcpt 5023685	6/14/11	17,038.00	17,038.00			
		9/22/11	-17,038.00				
	Invoice Balance		0.00				
0033951							
	Rcpt 5023500	7/15/11	19,262.00	19,262.00			
		8/24/11	-19,262.00				
	Invoice Balance		0.00				
0034227							
	Rcpt 5023685	8/18/11	17,549.90	17,549.90			
		9/22/11	-17,549.90				
	Invoice Balance		0.00				
0034360							
	Rcpt 5024035	8/16/11	17,210.50	17,210.50			
		11/7/11	-17,210.50				
	Invoice Balance		0.00				
0034649							
	Rcpt 5024330	10/10/11	16,705.25	16,705.25			
		12/16/11	-16,705.25				
	Invoice Balance		0.00				
0034836							
	Rcpt 5024213	11/14/11	14,608.80	14,608.80			
		12/1/11	-14,608.80				
	Invoice Balance		0.00				
0034974							
	Rcpt 5025584	12/16/11	5,323.20	5,323.20			
		6/14/12	-5,323.20				
	Invoice Balance		0.00				
0035091							
	Rcpt 5024654	1/13/12	13,335.55	13,335.55			
		2/7/12	-12,931.75				
	Invoice Balance		403.80				
0035396							
	Rcpt 5025584	2/20/12	11,109.75	11,109.75			
		6/14/12	-11,109.75				
	Invoice Balance		0.00				
0035481							
	Rcpt 5025584	3/20/12	8,423.10	8,423.10			
		6/14/12	-8,423.10				
	Invoice Balance		0.00				
0035653							
	Rcpt 5025584	4/16/12	15,615.10	15,615.10			
		6/14/12	-15,615.10				
	Invoice Balance		0.00				
0035838							
		5/16/12	9,637.50	9,637.50			
0036042							
		6/20/12	17,227.60	17,227.60			
0036202							
		7/20/12	12,262.70	12,262.70			
0036386							
		8/22/12	15,494.30	15,494.30			
0039066							
		9/18/12	17,391.40	17,391.40			
00SEPT							
		9/18/12	9,593.40	9,593.40			
		Project Totals	82,010.70				
Final Totals							82,010.70

** End of Report **



WHEN DOCUMENT IS FULLY EXECUTED RETURN
CLERK'S COPY
to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

Submittal Requirements for Project Connection(s)

For Projects Acquiring Domestic Water &/or Sewer Connections from Existing EMWD Facilities

A. Any projects requiring new service connections require a completed **NBD-041 Submittal Requirements for Project Connection(s) form** in addition to:

- A \$500 Deposit for Engineering Review (If you require any new connections that are not existing)
- Title Sheet – 2 Sets
- Index Map – 2 Sets
- Street Improvement Plans – 1 Set
- Site Plans – 2 Sets

Site plans must include point of connection(s) to existing facilities/connections, onsite water and/or sewer facilities, and all buildings with proposed use and square footages. Please include existing, new, and future buildings.

NOTE: EMWD does not inspect onsite private water and/or sewer systems. However, EMWD does require that there are no cross-connections onsite. Each connection must maintain its separate systems onsite (i.e., domestic potable, fire services must be on dual system onsite. The same applies to landscape connections).

- Redlined EMWD Drawings – 2 Sets (If you require any new connections that are not existing)

Applicant is to redline all new proposed connections. The connections must be redlined as per EMWD standards and specify the standard number.

To request copies of drawings for existing facilities, please contact EMWD Maps & Records Department at (951) 928-3777 extension 4416, 4873, 4423, or 4429.

EMWD standards can be obtained via EMWD's website (www.emwd.org), or a printed book is available for purchase. To order the Standards & Specifications book, call (951) 928-3777 extension 4860.

- Copy of the Recorded Grant Deed for the Property(-ies) Involved with the Project
- Address Sequence Sheet with Proposed Use. See Attachment "A" for an Example.
- Waste Discharge Application
 - Plumbing Plans
 - Equipment Schedule

B Landscape Service Connection(s)

Completed pages (1 through 5) of the NBD-041 Submittal Requirements for Project Connection(s) form is to be submitted along with the following:

- Copy of EMWD Drawing Reflecting Existing Service Connections to be utilized
- Site Map

8 ½" x 11" reflecting accurate landscape square footage depicting Functional Turf (a landscape turf area that serves as a surface for such purposes as playing a sport or gathering for group activities) and Non-Fictional Turf (a landscape turn area that includes trees, shrubs, and ground cover that is used for aesthetic purposes)

If landscape service connection does not already exist, items checked off on Section A above will be required along with the site map noted above

Once all required submittals have been provided, EMWD will conduct an initial review and provide you with an APPLICATION FOR SERVICE packet. This packet will advise you of the total due and instructions on how to proceed with your project through EMWD. To avoid any delays to your project, please ensure that you have submitted all requirements noted above.

PLEASE NOTE:

If your project requires any work within any right of way, insurance requirements will need to be met by your contractor. While proof does not need to be submitted at this time, it will be requested on the Application for Service packet, if applicable. It is recommended that you review EMWD insurance requirements. The service order(s)/construction order(s) which are required to be referenced on the certificate of insurance will be noted on the upper right hand corner of your Application for Service which is provided to you after you submittal requirements are submitted and reviewed by EMWD.



2270 Trumble Road
Perris, CA 92570
Mailing:
P.O. Box 8300
Perris, CA 92572-8300

Fax Number:
(951) 928-6118

District Use	Filing Address: _____
	Date Received: _____ Received By: _____

Project Connection(s) Form

Any questions regarding this form should be directed to the New Business Development Department by calling
(951) 928-3777 extension 2081

Request For: Water & Sewer Water Only Sewer Only – Please note name of agency providing water: _____

Project Type: New Construction Landscape

Type of Request: Estimate Application for Service – Date you anticipate making payment: _____

REQUIRED FOR ALL REQUESTS:

Penco Engineering Inc.		
Applicant Name (Company Name)		Date
Carlos Norvani		
Contact Name	Phone No.	
16842 Von Karman Ave	(949) 753-8111	
Address	Cell Phone	
Irvine	92606	(949) 753-0775
City	ZIP Code	Fax Number
cnorvani@pencoeng.com		
E-Mail Address		

County of Riverside Economic Development Agency		
Financially Responsible Party (Company Name)		
Sergio Pena		
Contact Name	Phone No.	
3403 10th Street, Suite 500	(951) 955-2809	
Address	Cell Phone	
Riverside	92501	(951) 258-2382
City	ZIP Code	Fax Number
sepena@rivcoeda.org		
E-Mail Address		

Riverside County Regional Medical Center Expansion		486280037
Project Name	APN / PARCEL MAP/ TRACT	
26520 Cactus Avenue	Moreno Valley	92555
Service Address	City	ZIP Code
NWC Cactus Avenue/ Nason Street		
Project Location		
Hospital expansion		
Project Description		
Thomas Guide Reference		
Anticipated Construction START DATE		Anticipated Construction COMPLETION DATE

Required for MULTI-FAMILY, COMMERCIAL, INDUSTRIAL, & INSTITUTIONAL PROJECTS:

* If any of the following apply, applicant will be required to complete and sign an EMWD Waste Discharge Application IN ADDITION TO COMPLETING THIS FORM. Onsite plumbing plans will also be required.

Questions pertaining to Waste Discharge requirements should be directed to EMWD's Source Control Department at (951) 928-3777 extension 6209.

	YES	NO
Are there any sinks other than hand sinks or floor sinks?	<input type="checkbox"/>	<input type="checkbox"/>
Are floor drains installed in any area other than restrooms?	<input type="checkbox"/>	<input type="checkbox"/>
Is any water discharged to the sewer other than from restrooms?	<input type="checkbox"/>	<input type="checkbox"/>
Are solvents or hazardous materials used or stored at your facility?	<input type="checkbox"/>	<input type="checkbox"/>
Is a water softener installed at your facility or do you plan to install one?	<input type="checkbox"/>	<input type="checkbox"/>

Total Landscape Square Footage: _____

Representative: Lilia Padilla
 Title: Development Service Representative
 Phone: 951-928-3777 ext 4436
 E-Mail: padillal@emwd.org

SECTION I: LANDSCAPE CONNECTIONS

Any landscaping area totaling 3,000 square feet or more shall be supplied through a separate metered service connection. Any questions regarding this requirement should be directed to EMWD's Water Resources Department at (951) 928-3777 extension 4226.

Looped Irrigation System? YES NO

RHA Landscape Architects		
Landscape Architect		
Jennifer Iklady		
Contact Name		Phone No.
6216 Brockton Ave.		(951) 781-1930
Address	ZIP Code	Cell Phone
Riverside	92506	
City	ZIP Code	Fax Number
E-Mail Address		
jennifer@rhala.com		

ASR Constructors		
Landscape Contractor		
Ivan Lopez		
Contact Name		Phone No.
5230 Wilson St.		(951) 779-6580
Address	ZIP Code	Cell Phone
Riverside	92509	(951) 712-6939
City	ZIP Code	Fax Number
E-Mail Address		
ilopez@asrconstructors.com		

LANDSCAPE METER #1	<i>If applicable:</i>			3	
Service Connection Exist?	Landscape	2"	Tract #	Phase #	Lot #
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Meter Serves	Connection Size	2"	100	
			Meter Size	Requested Flow (GPM)	

Landscape Area (Square Feet) to be Served by This Meter _____ Service Order Number (Issued by EMWD) _____

EMWD Facilities Information (Refer to notes 1 & 2 below to assist in completing this section and location information):

EMWD Drawing #: _____ Station of Existing/Proposed Connection: _____

Connection Location

LANDSCAPE METER #2	<i>If applicable:</i>			future	
Service Connection Exist?	Landscape	1-1/2"	Tract #	Phase #	Lot #
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Meter Serves	Connection Size	1-1/2"	75	
			Meter Size	Requested Flow (GPM)	

Landscape Area (Square Feet) to be Served by This Meter _____ Service Order Number (Issued by EMWD) _____

EMWD Facilities Information (Refer to notes 1 & 2 below to assist in completing this section and location information):

EMWD Drawing #: _____ Station of Existing/Proposed Connection: _____

Connection Location

LANDSCAPE METER #3	<i>If applicable:</i>				
Service Connection Exist?			Tract #	Phase #	Lot #
<input type="checkbox"/> YES <input type="checkbox"/> NO	Meter Serves	Connection Size			
			Meter Size	Requested Flow (GPM)	

Landscape Area (Square Feet) to be Served by This Meter _____ Service Order Number (Issued by EMWD) _____

EMWD Facilities Information (Refer to notes 1 & 2 below to assist in completing this section and location information):

EMWD Drawing #: _____ Station of Existing/Proposed Connection: _____

Connection Location

Please make copies of this form if additional connections are needed.

NOTE 1: For existing connections, a station is found on EMWD drawings. For new proposed connections, applicant must determine station utilizing centerline station of nearest cross street as noted on EMWD drawings.

NOTE 2: Station conversion into footage for location of connection (i.e., S/S of Tobey Street, 60' E/Anthony Street Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

SECTION I: LANDSCAPE CONNECTIONS – Continued



LANDSCAPE IRRIGATION WATER BUDGET AGREEMENT

The intent of the Landscape Irrigation Water Budget Agreement is to provide information for a water budget and to ensure that all individually metered landscape/irrigation projects comply with EMWD's Landscape/Irrigation Ordinance 72. All new landscape accounts will be assigned a water budget based on current state regulations and the Best Management (Conservation) Practices (BMPs).

Prior to the issuance of landscape meter(s), the following shall be agreed to:

1. Any landscape project with a total area greater than or equal to 3,000 square feet shall be supplied through a separate metered service connection.
2. Onsite irrigation systems serviced from one irrigation meter cannot be connected to another irrigation system supplied from a different meter.
3. Prior to meter release, the owner or representing agent shall complete and submit to EMWD the required "Site Usage Analysis" form, and a site map (8 1/2" x 11" sheet of paper) depicting accurate landscape square footage, Functional Turf (a landscape turf area that serves as a surface for such purposes as playing a sport, or gathering for group activities), and Non-Functional Turf (a landscape turf area that includes trees, shrubs, and ground cover that is used for aesthetic purposes). See attached examples.
4. EMWD will provide owner or representing agent with an Estimated Annual Water Budget and monthly targets to be used in the scheduling of the irrigation system.
5. EMWD provides a six (6) month landscape establishment period. This is a one-time establishment period intended to allow for plant establishment, irrigation tuning, and system adjustments.
6. Owner or representing agent shall notify EMWD of any and all changes pertaining to this agreement.
7. EMWD will not approve, ensure the adequacy, efficiency, or functional ability of any landscape or irrigation system.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ THE FOREGOING AND HEREBY ACCEPT AND AGREE TO THE PROVISIONS SET FORTH IN THIS AGREEMENT.

Signature of Owner or Representing Agent

Date

Print Name **Robert Field, Assistant County Executive Officer/EDA**

Representing Agent's Company Name

Agent's Telephone Number

Signature of EMWD Representative

Date

Print Name

FORM APPROVED COUNTY COUNSEL
BY: Marshall Victor DATE: 9/26/17
MARSHALL VICTOR

SECTION I: LANDSCAPE CONNECTIONS – Continued



Date: August 28, 2012

P.O. Box 8300
Perris, California 92572-8300
(951) 928-3777 Extension 4384
(951) 928-6171 Fax

EMWD Conservation Use Only	
S.O. Number:	_____
Plan Check Number:	_____
AMAWB Number:	_____

SITE USAGE ANALYSIS

Landscape Architect: <u>RHA Landscape Architect</u>	Project Name: <u>Riverside County Regional</u>
Address: <u>6216 Brockton Ave Ste 212</u>	<u>Medical Center Expansion</u>
City, State ZIP: <u>Riverside, CA 92506</u>	<u>Future Phase</u>
Work Number: <u>(951) 781-1930</u>	Total Acreage: <u>10.45</u>
Fax Number: <u>(951) 686-8091</u>	Total Square Feet: <u>455,274</u>
E-Mail Address: <u>jenniferi@rhala.com</u>	

FUNCTIONAL TURF	Square Feet	NON-FUNCTIONAL TURF	Square Feet
Football Field	_____	Around Building	<u>17,637</u>
Softball Field	_____	Street Entry	<u>-</u>
Baseball Field	_____	Shrubs & Trees	<u>47,684</u>
Outdoor Theater	_____	Open Areas (i.e., fire break, environmental issues, deed restrictions)	<u>-</u>
Other	_____	Other	<u>-</u>
Subtotal:	<u>0</u>	Subtotal:	<u>65,321</u>

PERMANENT BUILDING AREA	Square Feet	HARDSCAPE AREAS	Square Feet
Offices, Classrooms, Gymnasiums		Parking Lots, Tennis Courts, Sidewalks	
Etc.	<u>196,862</u>	Etc.	<u>193,091</u>
Pools or Water Features (in Surface Area Square Feet)	<u>-</u>		

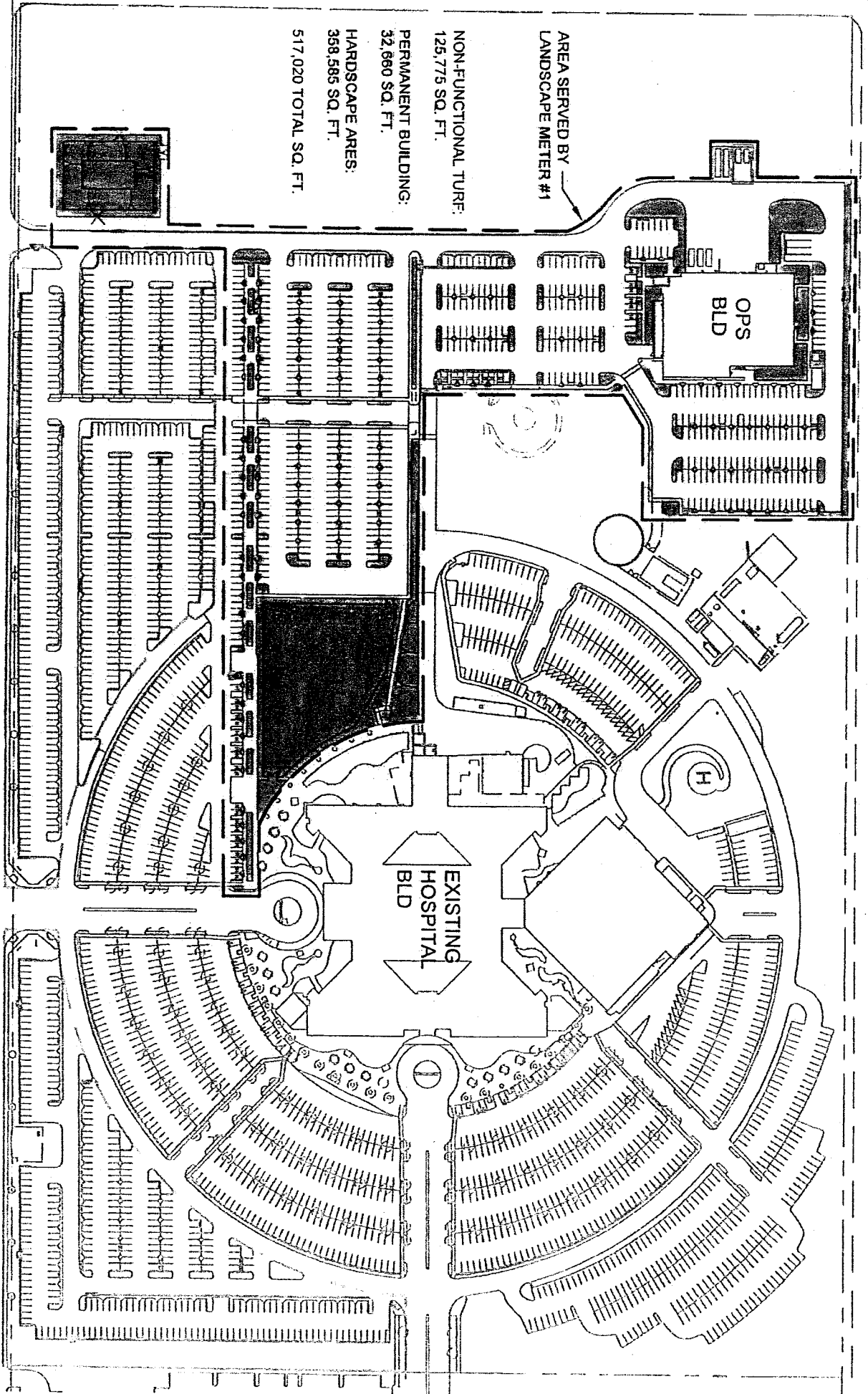
NOTE: The required **SITE USAGE ANALYSIS** form will be used to calculate the Annual Maximum Allowable Water Budget (AMAWB). Please submit 1 **SITE USAGE ANALYSIS** form for each meter account.

LANDSCAPE EXPLANATIONS:

Functional Turf: a landscaped turf area that serves as a surface for such purposes as playing a sport or gathering for group activities.

Non-Functional Turf: a landscaped turf area that includes trees, shrubs, and ground cover that is used for aesthetic purposes.

BRODIAEA AVENUE



AREA SERVED BY
LANDSCAPE METER #1

NON-FUNCTIONAL TURF:
125,775 SQ. FT.

PERMANENT BUILDING:
32,660 SQ. FT.

HARDSCAPE AREAS:
368,585 SQ. FT.

517,020 TOTAL SQ. FT.

CACTUS AVENUE

SECTION I: LANDSCAPE CONNECTIONS – Continued



Date: August 28, 2012

P.O. Box 8300
Perris, California 92572-8300
(951) 928-3777 Extension 4384
(951) 928-6171 Fax

EMWD Conservation Use Only	
S.O. Number:	_____
Plan Check Number:	_____
AMAWB Number:	_____

SITE USAGE ANALYSIS

Landscape Architect: <u>RHA Landscape Architect</u>	Project Name: <u>Riverside County Regional</u>
Address: <u>6216 Brockton Ave Ste 212</u>	<u>Medical Center Expansion</u>
City, State ZIP: <u>Riverside, CA 92506</u>	<u>Future Phase</u>
Work Number: <u>(951) 781-1930</u>	Total Acreage: <u>10.45</u>
Fax Number: <u>(951) 686-8091</u>	Total Square Feet: <u>455,274</u>
E-Mail Address: <u>jenniferi@rhala.com</u>	

FUNCTIONAL TURF	Square Feet	NON-FUNCTIONAL TURF	Square Feet
Football Field	_____	Around Building	<u>17,637</u>
Softball Field	_____	Street Entry	<u>-</u>
Baseball Field	_____	Shrubs & Trees	<u>47,684</u>
Outdoor Theater	_____	Open Areas (i.e., fire break, environmental issues, deed restrictions)	<u>-</u>
Other	_____	Other	<u>-</u>
Subtotal:	<u>0</u>	Subtotal:	<u>65,321</u>

PERMANENT BUILDING AREA	Square Feet	HARDSCAPE AREAS	Square Feet
Offices, Classrooms, Gymnasiums	_____	Parking Lots, Tennis Courts, Sidewalks	_____
Etc.	<u>196,862</u>	Etc.	<u>193,091</u>
Pools or Water Features (in Surface Area Square Feet)	<u>-</u>		

NOTE: The required **SITE USAGE ANALYSIS** form will be used to calculate the Annual Maximum Allowable Water Budget (AMAWB). Please submit 1 **SITE USAGE ANALYSIS** form for each meter account.

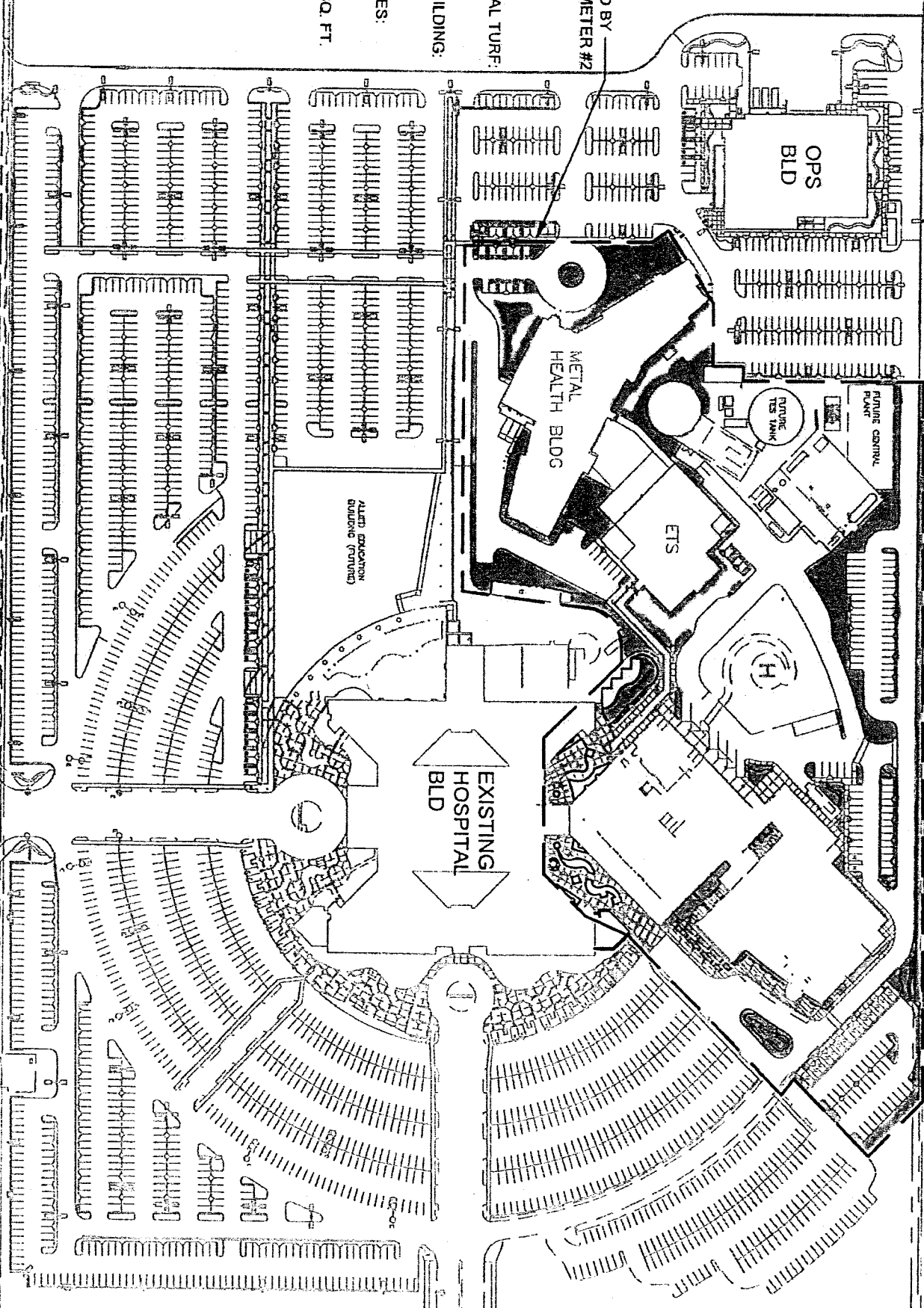
LANDSCAPE EXPLANATIONS:

Functional Turf: a landscaped turf area that serves as a surface for such purposes as playing a sport or gathering for group activities.

Non-Functional Turf: a landscaped turf area that includes trees, shrubs, and ground cover that is used for aesthetic purposes.

BRODIAEA AVENUE

CACTUS AVENUE



AREA SERVED BY
LANDSCAPE METER #2

NON-FUNCTIONAL TURF:
65,321 SQ. FT.

PERMANENT BUILDING:
196,862 SQ. FT.

HARDSCAPE AREAS:
193,091 SQ. FT.

455,274 TOTAL SQ. FT.

SECTION II: INFORMATION REGARDING YOUR PROJECT

This section required for multi-family, commercial, industrial & institutional projects.

Complete only the applicable items

COMMERCIAL/INDUSTRIAL PROJECTS:

Number of Buildings:	
----------------------	--

Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Building #:	Building Square Footage:	Proposed Use:
Any lawn or gardening sales area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list the area of square footage: _____

If additional connections are needed, please make copies of this form.

RESIDENTIAL MULTI-UNIT - APARTMENTS, CONDOMINIUMS, DUPLEXES & TRIPLEXES:

Total Units:	
--------------	--

Number of 2+ Bedroom Units: _____	Number of 1 Bedroom/Studio Units: _____
Any community amenities? <input type="checkbox"/> YES <input type="checkbox"/> NO	Zoning Type: _____

MOBILE HOME OR RV PARKS

Number of Dwelling Units:	
---------------------------	--

Any community amenities? YES NO

RESTAURANTS/BARS

Square Footage:	
-----------------	--

Seating Capacity: _____ in Bar _____ in Restaurant Meals Served: BREAKFAST LUNCH DINNER

Days & Hours of Operation: M T W Th F Sa Su From: _____ To: _____

M T W Th F Sa Su From: _____ To: _____

Type of Restaurant: _____

Check Applicable Items Only:

- | | |
|--|--|
| <input type="checkbox"/> Dine In _____% of Dine In Meals | <input type="checkbox"/> Carryout _____% of Carry Out Meals |
| <input type="checkbox"/> Disposable Plates _____% of Meals Served on Disposable Plates | <input type="checkbox"/> China _____% of Meals Served on China |
| <input type="checkbox"/> Paper Wrapping | <input type="checkbox"/> Paper Napkins |
| <input type="checkbox"/> Plastic Utensils | <input type="checkbox"/> Linen Tablecloths |
| <input type="checkbox"/> Linen Napkins | |

SECTION II: INFORMATION REGARDING YOUR PROJECT - Continued

MOTELS/HOTELS		Number of Rooms:		Number of Kitchenettes:	
Any proposed amenities? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please describe: _____			

HOSPITALS/NURSING HOMES				Number of Beds:	
DRY CLEANERS/LAUNDROMATS				Number of Machines:	
FIRE/POLICE STATIONS				Number of Employees:	
SCHOOLS				Number of Students:	
Cafeteria:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Food Prep On Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Showers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION III: DOMESTIC WATER CONNECTION(S)

Domestic Looped System: YES NO Number of Hot Taps Requested: _____
 Private Onsite Water System(s) Requested: YES NO

METER #1	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Service Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		Meter Size: _____
Service Order No. (EMWD Use Only): _____		Requested Flow (GPM): _____		
What Will This Meter Serve? (Please be specific – i.e., Building A & B, Pad A, Shops A & B, etc.) _____				
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.: _____		Station of the existing or proposed connection: _____		
Connection Location: _____				

METER #2	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Service Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		Meter Size: _____
Service Order No. (EMWD Use Only): _____		Requested Flow (GPM): _____		
What Will This Meter Serve? (Please be specific – i.e., Building A & B, Pad A, Shops A & B, etc.) _____				
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.: _____		Station of the existing or proposed connection: _____		
Connection Location: _____				

METER #3	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Service Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		Meter Size: _____
Service Order No. (EMWD Use Only): _____		Requested Flow (GPM): _____		
What Will This Meter Serve? (Please be specific – i.e., Building A & B, Pad A, Shops A & B, etc.) _____				
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.: _____		Station of the existing or proposed connection: _____		
Connection Location: _____				

METER #4	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Service Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		Meter Size: _____
Service Order No. (EMWD Use Only): _____		Requested Flow (GPM): _____		
What Will This Meter Serve? (Please be specific – i.e., Building A & B, Pad A, Shops A & B, etc.) _____				
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.: _____		Station of the existing or proposed connection: _____		
Connection Location: _____				

Please make additional copies if additional connections are needed.

NOTE 1: For existing connections a station is found on EMWD drawings. For newly proposed connections, the applicant must determine the station utilizing the centerline station of the nearest cross street as noted on EMWD drawings.

NOTE 2: Station conversion into footage for location of connection (i.e., S/S of Tobey Street, 60' E/Anthony Street Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

SECTION 4: FIRE PROTECTION INFORMATION

Looped Fire System?: YES NO

A. DETECTOR CHECK CONNECTIONS

DCDA #1		Number of DCDA's: _____	
Existing Service Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____	DCDA Size: _____
Service Order No. (EMWD Use Only):	_____	Requested Flow (GPM):	_____
What Will This DCDA Serve? (Please be specific – i.e., Building A & B, Pad A, Shops A & B, etc.) _____			
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):			
EMWD Drawing No.:	_____	Station of the existing or proposed connection:	_____
Connection Location: _____			

DCDA #2		Number of DCDA's: _____	
Existing Service Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____	DCDA Size: _____
Service Order No. (EMWD Use Only):	_____	Requested Flow (GPM):	_____
What Will This DCDA Serve? (Please be specific – i.e., Building A & B, Pad A, Shops A & B, etc.) _____			
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):			
EMWD Drawing No.:	_____	Station of the existing or proposed connection:	_____
Connection Location: _____			

B. PUBLIC FIRE HYDRANT INSTALLATIONS

PUBLIC HYDRANT #1		Number of Public Fire Hydrants Requested (Do not include private onsite hydrants): _____	
Service Order No. (EMWD Use Only):	_____	Size: _____	Connection Size: _____
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):			
EMWD Drawing No.:	_____	Station of the existing or proposed connection:	_____
Fire Hydrant Location: _____			

PUBLIC HYDRANT #2		Number of Public Fire Hydrants Requested (Do not include private onsite hydrants): _____	
Service Order No. (EMWD Use Only):	_____	Size: _____	Connection Size: _____
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):			
EMWD Drawing No.:	_____	Station of the existing or proposed connection:	_____
Fire Hydrant Location: _____			

Please make additional copies if additional connections are needed.

NOTE 1: For existing connections a station is found on EMWD drawings. For newly proposed connections, the applicant must determine the station utilizing the centerline station of the nearest cross street as noted on EMWD drawings.

NOTE 2: Station conversion into footage for location of connection (i.e., S/S of Tobey Street, 60' E/Anthony Street Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

SECTION 5: SEWER CONNECTION(S)

Private Onsite Sewer Systems Requested?: YES NO

SEWER LATERAL # 1	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Sewer Lateral Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		
Service Order No. (EMWD Use Only):	_____	Requested Flow (GPM): _____		
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.:	_____	Station of the existing or proposed connection: _____		
Connection Location: _____				

SEWER LATERAL # 2	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Sewer Lateral Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		
Service Order No. (EMWD Use Only):	_____	Requested Flow (GPM): _____		
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.:	_____	Station of the existing or proposed connection: _____		
Connection Location: _____				

SEWER LATERAL # 3	<i>If applicable:</i>	Tract No. _____	Phase No. _____	Lot No. _____
Existing Sewer Lateral Connection?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Connection Size: _____		
Service Order No. (EMWD Use Only):	_____	Requested Flow (GPM): _____		
EMWD Facilities Information (Please refer to Notes 1 & 2 below to assist in completing this section & location information):				
EMWD Drawing No.:	_____	Station of the existing or proposed connection: _____		
Connection Location: _____				

Please make additional copies if additional connections are needed.

NOTE 1: For existing connections a station is found on EMWD drawings. For newly proposed connections, the applicant must determine the station utilizing the centerline station of the nearest cross street as noted on EMWD drawings.

NOTE 2: Station conversion into footage for location of connection (i.e., S/S of Tobey Street, 60' E/Anthony Street Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

ADDITIONAL INFORMATION:

Signature _____

Date _____

Print Name _____

Title _____

