



## City of Biggs

**Agenda Item Staff Report  
for the Regular City Council Meeting:  
April 14, 2015 6:30PM**

TO: Honorable Mayor and Members of the City Council  
FROM: Mark Sorensen, City Administrator  
SUBJECT: Demolition or Disposition of 3069 Eighth Street, Biggs

Mayor and Council are asked to consider the demolition or disposition of 3069 Eighth Street, Biggs, Ca including the consideration of the attached proposal.

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Mark Sorensen, City Administrator

OTHER CONDITIONS:

ATTACHMENT 2

**DEMOLITION SERVICES COMPARISON FORM**

Contractor shall complete this form and include it along with the Designation of Subcontractors Form (Attachment 3) and Experience Form (Attachment 4) described below in a sealed fee envelope. This comparison is based upon demolition services required for the subject project site described below. This form will be used for fee comparison purposes only.

**SUBJECT PROJECT SITE DESCRIPTION:**

3069 Eighth Street: A one story residential structure zoned R-1. The building is wood construction. Contractor is responsible for demolishing all improvements, including but not limited to: foundations and footings, stem walls, slabs, detached and accessory structures, refuse piles, vegetation clippings and miscellaneous debris.

Please refer to the Exhibit 1 attached for site reference. Price provided below shall be an all-inclusive price and shall include all items listed and cover all items or work identified above to deliver a clear site with no remaining improvements.

Item Description	Total Cost
Permitting *	\$ 500.00
Engineering	\$ 1000.00
Site Fencing	\$ 600.00
Canopy BMP's/Erosion Control Plan	\$ 1000.00
Asbestos/Hazardous Abatement *	\$ 39732.00
Interior Demolition	\$ 1000.00
Exterior Wall/Building/Foundation Demolition	\$ 7466.00
Vermin Abatement	\$ 900.00
Other	
Total Price	\$ 52,198.00

\* Assumed Prices of Asbestos/Hazardous Abatement and Permitting Costs

ATTACHMENT 3

DEMOLITION SERVICES DESIGNATION OF SUBCONTRACTORS FORM

PART I – LIST OF KEY PERSONNEL

Names	Functions
Jim Zigan	Foreman/excavator operator/driver class A
Bob Bolog	laborer/operator
Bud Walberg	project manager/operator/driver class -
Ron Cairo	Class A driver - 30 yrs experience

\* all key personnel have had 40hr. asbestos supervisors class, 2-hr lead supervisors class & will be avail for the duration of the project

Subcontractor Name/Address	Function
Shelby's Pest Control (530) 343-0603 License # OPR 5052 P.O. Box 72, Chico, CA 95927	Rat and vermin abatement
Warren Asbestos (530) 679-1100 Lic# 674559 DOSH # 238 209 McCanton Dr. Bangor, CA 95914	Lead Abatement Contractor

## DEMOLITION SERVICES CONTRACTOR EXPERIENCE FORM

Number of years as a contractor in projects of this type: 14 years

List of last three contracts performed which show experiences in work of a nature similar to that covered in this proposal. If none, so indicate.

Title or Description of Work	Date Completed	Contract Amount
1. <u>Demo &amp; asbestos abatement of visitors center</u>	<u>3-30-2015</u>	<u>\$23,480.-</u>
2. <u>Demo'd 3 houses, asbestos abatement, property cleanup</u>	<u>12-20-14</u>	<u>\$43,318.-</u>
3. <u>Demo &amp; abatement of high school gymnasium</u>	<u>8-15-2014</u>	<u>\$164,000.-</u>

Name, Address, and Telephone No. Of Agencies Who Awarded Contracts and Contact Person:

- City of Clearlake, Doug Herren (707)-994-8201 ext 102
- City of Elk Grove, Paul Sipple (916) 661-3511
- Laytonville Unified School Dist. Joan Potter (707) 984-6414

State of California Contractor's License No.: 898860 classifications: A, C-21, Haz,  
ASB, DCS-H

Contractor's License Expiration Date: 6/30/15

Bidder's Name: Walberg Inc.

**CERTIFICATION OF NON-DISCRIMINATION BY CONTRACTORS**

As suppliers of goods or services to the City of Biggs, the Firm listed below certifies that it does not discriminate in its employment with regard to race, color, religion, sex, or national origin; that it is in compliance with all federal, state and local directives and executive orders regarding non-discrimination in employment; and that it agrees to demonstrate positively and aggressively the principle of equal opportunity in employment.

WE AGREE SPECIFICALLY:

1. To take affirmative steps to hire minority employees with the company.
2. To establish or observe employment policies within affirmative promotion opportunities for minority persons at all job levels.
3. To communicate this policy to all persons concerned, including all company employees, outside recruiting services, especially those servicing minority communities, and to the minority communities at large.

FIRM NAME Walberg Inc.

PRINTED NAME Jaimie L. Walberg

TITLE OF PERSON SIGNING President

SIGNATURE Jaimie L. Walberg

DATE 4/6/15

Please include any additional information available regarding equal opportunity employment programs now in effect within your company.

Walberg Inc. is a Equal Opportunity Employer.

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# Walberg Inc.

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California Contractor's License Number: 898860

## Technical Proposal

### Profile

Walberg, Inc. is a demolition company that enjoys and cares about the work we do. Walberg, Inc. is a C-21, A, Haz Contractor. We are a Dosh certified contractor, Dosh #1054. We have demolished around 1,000 in the 14 years we have been in business. We work for private customers as well as Government agencies. Some of the cities we have worked for have been City of Chico, Lakport, Clearlake, Elk Grove, Sacramento, Susanville, Yuba City, Marysville, Laytonville and many more. Some of the larger demolition jobs we have done have been City of Susanville Jail demolition, Greyhound Bus station in Redding, Blue Beacon Truck Wash in Corning, and Laytonville School.

Safety is our number 1 goal. We strive to keep our equipment, clean, organized, upgraded, carb compliant, and in great shape so we can be productive and look profession on your job.

Walberg, Inc. prides itself in recycling diversion from landfills. Most jobs have recycle rates of 50% recycle all the way up to 90%.

### Owner experience

I have 17 years experience in the construction and demolition industries. I have taken on some of the most challenging projects and have finished them all on time and on budget.

### Employee experience

We have multiple operators and laborers on our staff that have 10 years or more experience of excavation, underground, demolition, forest service work, septic an sewer line work. Most of our employees have worked with us for more than a year and know how our company works. Every employee has been trained in safety and completing the job at hand correctly the first time.

# Walberg Inc.

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California Contractor's License Number: 898860

## Scope of work

- 1.) Obtain all permits for project
  - 1.) Butte county demolition permit
  - 2.) Air quality permit
  - 3.) Submit 10 day notice to CARB
- 2.) Install tempory fence around perimeter of property
- 3.) Set up erosion control
- 4.) Shelby's pest control to abate all rats and vermin
- 5.) Walberg, Inc. to cap all utilities
- 6.) Warren asbestos to scrape the loose and flakey paint off all buildings to be demolished
- 7.) Warren asbestos to excavate out 2' wide x 4" deep around all structures to remove lead out of soil
- 8.) Future environmental (Hazardous waste hauler) to haul waste to class landfill in
- 9.) Demolish building and off haul debris to landfill
  - 1.) Air monitoring to be done during demolition
  - 2.) Water truck and wet methods used to mitigate dust during demolition
- 10.) Obtain final inspection
- 11.) Grade site to a smooth finish

# Walberg Inc.

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California Contractor's License Number: 898860

## **Work experience of firm**

### City of Clearlake

Demolition and asbestos abatement of visitors center. Job Magnitude \$23,480

Contact: Doug Herren 707-994-8201 ext 102

### City of Elk Grove-Johnston Road Demolition

Demolished 3 houses, Asbestos abatement, cleaned up property. Job magnitude \$43,348

Contact: Paul Sipple 916-661-3511

### Laytonville High School Demolition

Demolition and abatement of high school gymnasium. Job magnitude \$164,000

### Butte County Nuisance Abatement

Demolition and clean-up of properties in Butte County. Magnitude of jobs 10k to 20k

Contact: 538-6815

# Walberg Inc.

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California Contractor's License Number: 898860

## **Key Personnel and schooling for demolition of structures**

Jim Zigan-Foreman and excavator operator

40 hr. asbestos supervisor class

24 hr. lead supervisor class

Bob Bolyog-Laborer/operator

40 hr. asbestos supervisor class

24 hr. lead supervisor class

Bud Walberg-Project Manager/operator

40 hr. asbestos supervisor class

24 hr. lead supervisor class

Key personnel will be available for the duration of the project, and no person designated as key to the project will be removed or replaced without the prior written concurrence from the city.

# Walberg Inc.

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California Contractor's License Number: 898860

## **Subcontractor List**

Shelby's Pest control Rat and vermin abatement License #OPR 5052

P.O. box 72

Chico, Ca 95927

(530)343-0603

Warren Asbestos Lead abatement Contractor Lic. #674559 Dosh #238

209 McCanton Drive

Bangor, Ca 95914

Ph: 679-1100



# CERTIFICATE OF LIABILITY INSURANCE

WALBE-1

OP ID: DE

DATE (MM/DD/YYYY)

04/06/2015

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

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

<b>PRODUCER</b> Sheppard & Assoc Ins Agency 970 Reserve Drive Suite #170 Roseville, CA 95678 Wayne Sheppard Insurance	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A : Lloyds of London		
INSURER B : Wesco		25011
INSURER C : SCIF		35076
INSURER D : Allianz		
INSURER E : Great American		
INSURER F :		

<b>INSURED</b>	Walberg Inc. Bud and Jaimie Walberg 2791 Hwy 99 W Corning, CA 96021
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COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		LIMITS	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR cont Pollution GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		PGIARK0248700	12/18/2014	12/18/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 50,000 MED EXP (Anyone person) \$ 5,000
A				PHIARK0248700	12/18/2014	12/18/2015	PERSONAL & ADV IN JURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			WPA1030014 04	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	9053850	05/01/2014	05/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Equipment and Prop			MX193055476	12/18/2014	12/18/2015	Limit 354,923
D	Cargo			MX193055476	02/15/2014	12/18/2015	Cargo 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CANCELLATION EXCEPTION: 30 DAY NOTICE FOR NON PAYMENT OF PREMIUM.**  
 The City of Biggs, its officers, employees, agents, volunteers and representatives are named as additionally insured per the attached endorsement. Includes Contractor Pollution Liability.Owner. Insurance includes Waiver of Subrogation for GL & WC Policies.

<b>CERTIFICATE HOLDER</b>  City of Biggs 465 C Street / PO Box 307 Biggs, CA 95917	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Wayne Sheppard Insurance
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**NOTEPAD:**

HOLDER CODE  
INSURED'S NAME Walberg Inc.

WALBE-1  
OP ID: DE

PAGE 2  
Date 04/06/2015

Includes Contractor Pollution Liability.Owner. Insurance includes Waiver  
of Subrogation for GL & WC Policies.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location(s) Of Covered Operations</b>
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an Additional insured. However, this status exists only for the project specified in that contract.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf; or
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Name of Person or Organization:**

Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to provide a waiver of subrogation.

However, this status exists only for the project specified in that contract.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section **IV** – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

**PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT**

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This endorsement changes the Policy. Please read it carefully.

**SCHEDULE**

Name of Person or Organization:

Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to provide Primary and/or Non-contributory status of this insurance. However, this status exists only for the project specified in that contract.

In consideration of the premium charged, it is hereby agreed that this policy shall be considered primary to any similar insurance held by third parties in respect to work performed by you under any written contractual agreement with such third party. It is further agreed that any other insurance which the person(s) or organization(s) named in the schedule may have is excess and non-contributory to this insurance.

ADDITIONAL INSURED ENDORSEMENT  
FOR COMMERCIAL GENERAL LIABILITY POLICY

Insurance Company LLOYD'S of London

This endorsement modifies such insurance as is afforded by the provisions of Policy # PGIARK 02487-02 relating to the following:

1. The City of Biggs, 465 C Street, Biggs, California 95917; its officers, employees, agents, volunteers and representatives are named as additional insureds ("additional insureds") with regard to liability and defense of suits arising from the operations and uses performed by or on behalf of the named insured.
2. With respect to claims arising out of the operations and uses performed by or on behalf of the named insured, such insurance as is afforded by this policy is primary and is not additional to or contributing with any other insurance carried by or for the benefit of the additional insureds.
3. This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company's limits of liability. The inclusion of any person or organization as an insured shall not afford any right which such person or organization would have as a claimant if not so included.
4. With respect to the additional insureds, this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days written notice has been given to the City of City of Biggs, 465 C Street, Biggs, California 95917 (Completion of the following, including countersignature, is required to make this endorsement effective.)

Effective 12/18/2014 to 12/18/15, this endorsement forms as a part of  
 Policy # PGIARK 02487-02  
 Issued to CITY OF BIGGS Named Insured

Countersigned by *McLayne Shipp*  
 Authorized Representative