



## **Department of Transportation**

**Rapid City Region Office**

**2300 Eglin Street**

**P.O. Box 1970**

**Rapid City, SD 57709-1970**

**Phone: 605/394-2244**

**FAX: 605/394-1904**

March 21, 2019

### **ADDENDUM NO. 1**

RE: March 28, 2019 Rapid City Region Office Informal Letting  
000N-492, 000P-492, 000N-491 & 000P-491, Custer County  
PCN i5jg, i5jh, i5jj & i5jk  
Weed Spray in SD DOT ROW – Custer County

### **TO WHOM IT MAY CONCERN:**

The following addenda to the plans shall be inserted and made part of your proposal for the referenced project.

### **PROPOSAL:**

- Please replace the DOT-123 with the attached DOT-123.

### **PLANS:**

- No change.

Sincerely,

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John Rehorst  
Region Design Engineer

**SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION  
CONTRACT PROPOSAL**

DOT-123  
December 2016  
1 of 1

CODE	PROJECT			MAINT UNIT	CONTROL REFERENCE	AFE	FUNCTION	BEGIN MRM	END MRM
	PRE	ROUTE	AGR						
		000N		492		i5jg	2305		
		000P		492		i5jh	2305		
		000N		491		i5jj	2305		
		000P		491		i5jk	2305		

CITY AND/OR COUNTY: Custer County BUDGET SOURCE: FY 2019, Contract Maint

REGION MATERIALS CERTIFICATION REQUIRED:  YES  NO  
 CERTIFIED INSPECTORS/TESTERS REQUIRED:  YES  NO  
 TO BE INSTALLED ON CM&P:  YES  NO

TYPE, PURPOSE AND LOCATION OF WORK: Control growth of declared weeds in Custer County South Dakota Department of Transportation right of way.

**ESTIMATE OF QUANTITIES AND COST**

BID ITEM NUMBER	ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
910E1000	Equipment truck/sprayer	400	hr		
910E1060	Labor	500	hr		
910E0003	24D Amine	80	oz		
910E0082	Perspective	30	oz		
910E0046	MSM 60	60	oz		
910E0047	Brush Rap	500	oz		
910E0085	Milestone	1500	oz		
910E0180	Marker Dye	150	oz		
910E0195	Brewer 90 Surfactant	1500	oz		
<b>TOTAL</b>					

**This document is for**

The undersigned does hereby agree to furnish the labor and/or material in the quantities, at the unit price, for the purpose, in the place and in accordance with attached provisions upon approval of this Proposal by the State Transportation Commission. This document becomes the Contract when signed by the Contractor and a Department of Transportation Representative. The Contractor agrees to provide services in compliance with the Americans with Disabilities Act of 1990. The Contractor agrees to provide a certificate of insurance prior to commencing work, for liability coverage for the duration of the work as per the current edition of the SDDOT Standard Specifications for Roads and Bridges.

**information only. Do not use  
for bidding purposes.**

SUBSTANTIAL COMPLETION DATE N/A PROPOSED START DATE \_\_\_\_\_  
 FIELD WORK COMPLETION DATE October 1, 2019 SIGNATURE \_\_\_\_\_  
 SUBSCRIBED AND SWORN TO BEFORE ME THE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_  
 DAY OF \_\_\_\_\_, 20\_\_ COMPANY \_\_\_\_\_  
 STR. ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

NOTARY - My Commission Expires \_\_\_\_\_ (SEAL) FEDERAL TAX ID NUMBER \_\_\_\_\_

**TO BE FILLED OUT BY STATE PERSONNEL:**

RECOMMENDED FOR APPROVAL:

_____	CONSTRUCTION & MAINTENANCE ENGINEER	_____	DATE
_____	REGION ENGINEER	_____	DATE
_____	DIRECTOR OF OPERATIONS	_____	DATE

APPROVED FOR THE TRANSPORTATION COMMISSION

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED as per Federal Highway Stewardship Provisions this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

PROJECT DEVELOPMENT ENGINEER \_\_\_\_\_