EAST BAY
MUNICIPAL UTILITY DISTRICT

July 27, 2009

Hovik Khachian
Caltrans – District 4 Toll Bridge
345 Burma Road, Oakland, CA 94607

Subject: EBMUD Claim for Damages to its Wastewater Outfall Pipeline

Dear Mr. Khachian:

Enclosed please find the claim form from East Bay Municipal Utility District (EBMUD) for the above subject claim. EBMUD is submitting a claim for damages to its main Wastewater Treatment Plant (MWWTP) outfall pipeline caused by Caltrans during pile driving construction for the new Caltrans Mole Substation.

EBMUD worked with Caltrans on provisions in the Caltrans instruction specifications, for their Contract No. 04-0120L4, Bay Bridge Oakland Touchdown, aimed at protecting and documenting conditions on the EMBMUD outfall pipeline These provisions are included in the following specification sections:

5-1.40	Owner controlled Insurance Program. This includes EBMUD named as an additional insured on the Contractor-Furnished Insurance.
10-1-.38	Vibration Monitoring. EBMUD's outfall and dechlorination facilities are listed as facilities to be protected.
10-1.39	Sewer Video Survey. This includes the internal inspection of EBMUD's outfall pipeline before and after the Mole Substation pile driving operations.

Significant effort was made to document pre-construction (before pile driving) and post-construction (after pile driving) conditions of the EBMUD MWWTP outfall pipeline in the vicinity of the Mole Station construction. The post-construction inspection findings indicate new damage that was not present during the pre-construction inspection. This is the damage for which EBMUD is submitting its claim. If you have a Caltrans specific claim form that you need to have completed, please forward one to my attention.

375 ELEVENTH STREET . OAKLAND . CA 94607-4240 . TOLL FREE 1-866-40-EBMUD

007226 JUL-29 '09 15:18

If you have any questions, please contact me.

Sincerely,

Michael Pattenaude
Risk Management Analyst III
mpattena@ebmud.com
(510) 287-0413

Attachements:
Original Claim Form
Cover Letter to California Victim Compensation and Government Claim Board

EAST BAY
MUNICIPAL UTILITY DISTRICT

July 27, 2009

Board Directors
California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

Subject: EBMUD Claim for Damages to its Wastewater Outfall Pipeline

Dear Directors:

Enclosed please find the claim documents from East Bay Municipal Utility District (EBMUD) for the above subject claim. EBMUD is submitting a claim for damages to its main Wastewater Treatment Plant (MWWTP) outfall pipeline caused by Caltrans during pile driving construction for the new Caltrans Mole Substation.

EBMUD worked with Caltrans on provisions in the Caltrans instruction specifications, for their Contract No. 04-0120L4, Bay Bridge Oakland Touchdown, aimed at protecting and documenting conditions on the EMBMUD outfall pipeline These provisions are included in the following specification sections:

5-1.40 Owner controlled Insurance Program. This includes EBMUD named as an additional insured on the Contractor-Furnished Insurance.

10-1-.38 Vibration Monitoring. EBMUD's outfall and dechlorination facilities are listed as facilities to be protected.

10-1.39 Sewer Video Survey, This includes the internal inspection of EBMUD's outfall pipeline before and after the Mole Substation pile driving operations.

Significant effort was made to document pre-construction (before pile driving) and post-construction (after pile driving) conditions of the EBMUD MWWTP outfall pipeline in the vicinity of the Mole Station construction. The post-construction inspection findings indicate new damage that was not present during the pre-construction inspection. This is the damage for which EBMUD is submitting its claim. Per Government Code 6103 EBMUD exerts its waiver of any filing fee.

If you have any questions, please contact me.

Sincerely,

Michael Pattenaude
Risk Management Analyst III
mpattena@ebmud.com
(510) 287-0413

Attachements:
Original Claim Form
Two copies of original Claim Form

Cc: Hovik Khachian, Transportation Engineer
Caltrans – District 4 Toll Bridge
345 Burma Road, Oakland, CA 94607

Government Claims Form

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 ▪ www.governmentclaims.ca.gov

State of California

For Office Use Only
Claim No.:

Is your claim complete?

☐	***New!* Include a check or money order for $25 payable to the State of California.**
☑	Complete all sections relating to this claim and sign the form. Please print or type all information.
☑	Attach receipts, bills, estimates or other documents that back up your claim.
☑	Include two copies of this form and all the attached documents with the original.

Claimant Information

1	East Bay Municipal Utility District			2	Tel: 510 287 0175
	Last name	*First Name*	*MI*	3	Email:
4	P.O. Box 24055	Oakland	CA	94623-1055	
	Mailing Address	*City*	*State*	*Zip*	

5 Best time and way to reach you:

6 Is the claimant under 18? ☐ Yes ☐ No If YES, give date of birth: ☐ ☐ ☐ (*MM* *DD* *YYYY*)

Attorney or Representative Information

7	Risk Management/Legal Counsel Retained			8	Tel: 510 287 0413
	Last name	*First Name*	*MI*	9	Email:
10	P.O. Box 24055	Oakland	CA	94623-1055	
	Mailing Address	*City*	*State*	*Zip*	

11 Relationship to claimant:

Claim Information

12 Is your claim for a stale-dated warrant (uncashed check) or unredeemed bond? ☐ Yes ☑ No

State agency that issued the warrant: If NO, continue to Step 13.

Dollar amount of warrant: Date of issue: ☐ ☐ ☐ (*MM* *DD* *YYYY*)

Proceed to Step 22.

13 Date of Incident: April 20, 2009

Was the incident more than six months ago? ☐ Yes ☑ No
If YES, did you attach a separate sheet with an explanation for the late filing? ☐ Yes ☐ No

14 State agencies or employees against whom this claim is filed:

Caltrans, District 4

15 Dollar amount of claim: +$25,000.00

If the amount is more than $10,000, indicate the type of civil case: ☐ Limited civil case ($25,000 or less) ☑ Non-limited civil case (over $25,000)

Explain how you calculated the amount:

gross repair estimates based on damage identified - scope of repair work ongoing

16 Location of the incident:
EBMUD Wastewater Outfall Pipeline between stations 82+78 and 83+58

17 Describe the specific damage or injury:
Longitudinal cracks near crown of reinforced concrete pipeline, propagating away from the joints over an 80 foot section.

18 Explain the circumstances that led to the damage or injury:
Caltrans performed pile driving in the vicinity of this pipeline section during the construction of its new Mole Substation.

19 Explain why you believe the state is responsible for the damage or injury:
Pre-Construction and Post-Construction inspections were performed showing new cracks had developed after completion of pile driving.

20 Does the claim involve a state vehicle? ☐ Yes ☑ No

If YES, provide the vehicle license number, if known:

Auto Insurance Information

21

Name of Insurance Carrier

Mailing Address | *City* | *State* | *Zip*

Policy Number: | Tel:

Are you the registered owner of the vehicle? ☐ Yes ☐ No

If NO, state name of owner:

Has a claim been filed with your insurance carrier, or will it be filed? ☐ Yes ☐ No

Have you received any payment for this damage or injury? ☐ Yes ☐ No

If yes, what amount did you receive?

Amount of deductible, if any:

Claimant's Drivers License Number: | Vehicle License Number:

Make of Vehicle: | Model: | Year:

Vehicle ID Number:

Notice and Signature

22 I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to $10,000 (Penal Code section 72).

Signature of Claimant or Representative | July 27, 2009 *Date*

23 Mail the original and two copies of this form and all attachments with the $25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R St., 5th flr, Sacramento.

For State Agency Use Only

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Name of State Agency | *Fund or Budget Act Appropriation No.*

Name of Agency Budget Officer or Representative | *Title*

Signature | *Date*