



# C.C. MYERS, INC.

An Equal Opportunity / Affirmative Action Employer

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## LETTER OF TRANSMITTAL

<b>Document No:</b> 215-STT.02668
<b>Dated</b> May 13 2009 <b>Job No.:</b> 215
<b>Attention:</b> Mr. William Casey
<b>Re:</b> 04-0120R4
Temporary Bypass Structure

**To:** State of California  
Department of Transportation  
333 Burma Road  
Oakland CA 94607

**Subject:** Notice of Potential Claim 19 and Supplemental Notice of Potential Claim 19

**We are sending you:**

Attached  Via Fax

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Drawing      | <input type="checkbox"/> Plans                      | <input type="checkbox"/> Prog. Pmt                 |
| <input type="checkbox"/> Samples      | <input type="checkbox"/> Certificates of compliance | <input type="checkbox"/> Calculations              |
| <input type="checkbox"/> Payroll      | <input type="checkbox"/> Specs                      | <input checked="" type="checkbox"/> Copy of Letter |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Schedule                   | <input type="checkbox"/> Invoice                   |

Copies	Item	Date	Description
1	01	May 13 2009	Notice of Potential Claim 19
1	02	May 13 2009	Supplemental Notice of Potential Cliam

**These are transmitted as checked below:**

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> For Approval | <input type="checkbox"/> For Review/comment | <input type="checkbox"/> Return For Correction      |
| <input type="checkbox"/> For Your Use | <input type="checkbox"/> As Requested       | <input checked="" type="checkbox"/> For Information |

**Remarks:**

Copy To: Main Office  
File: 215-101, 215-9919

**Signed:**   
Dianne Stevens  
Project Engineer



STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**NOTICE OF POTENTIAL CLAIM**  
CEM-6201A (NEW 9/2002)

FOR STATE USE ONLY		
Received by:	(For Resident Engineer)	Date:

To <b>William S. Casey</b> (resident engineer)	CONTRACT NUMBER <b>04-0120R4</b>	DATE <b>May 13, 2009</b>	IDENTIFICATION NUMBER <b>19</b>
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This is an Initial Notice of Potential Claim for additional compensation submitted as required under the provisions of Section 9-1.04 "Notice of Potential Claim" of the Standard Specifications. The act of the Engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on:

May 12, 2009

The particular nature and circumstances of this potential claim are described as follows:

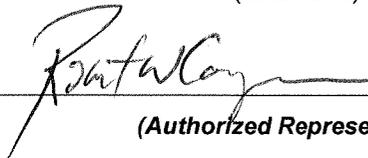
Beginning on April 1, 2009, the California Sales Tax rate increased by one percent. Had it not been for the lengthy delays that this project has experienced, we would not have incurred this cost increase. On March 31, 2009, we notified you of this via our document 215-STL.00474 and requested the issuance of a Contract Change Order to reimburse us for the cost difference. On May 12, 2009, we received State letter 05.0.01-002112 dated April 21, 2009, with which we are provided with a copy of a State internal memorandum dated April 2, 2009, denying the issuance of said change order.

*The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements and attached documents are made in full cognizance of the California False Claims Act, Government Code Sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered, unless resolved, must fully conform to the requirements in Section 9-1.04 of the Standard Specifications and must be restated as a claim in the Contractors written statement of claims in conformance with Section 9-1.07B of the Standard Specifications.*

C. C. Myers, Inc.

SUBCONTRACTOR or **CONTRACTOR**

(Circle One)



(Authorized Representative)

For subcontractor notice of potential claim

*This notice of potential claim is known and forwarded by*

PRIME CONTRACTOR

(Authorized Representative)

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**SUPPLEMENTAL NOTICE OF POTENTIAL CLAIM**  
 CEM-6201B (NEW 9/2002)

FOR STATE USE ONLY		
Received by:	(For Resident Engineer)	Date:

To <b>William S. Casey</b> (resident engineer)	CONTRACT NUMBER <b>04-0120R4</b>	DATE <b>May 13, 2009</b>	IDENTIFICATION NUMBER <b>19</b>
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This is a Supplemental Notice of Potential Claim for additional compensation submitted as required under the provisions of Section 9-1.04 "Notice of Potential Claim" of the Standard Specifications. The act of the Engineer, or his/her failure to act, or the event, thing, occurrence, or other cause giving rise to the potential claim occurred on:

DATE: May 12, 2009

The particular nature and circumstances of this potential claim are described in detail as follows:

Beginning on April 1, 2009, the California Sales Tax rate increased by one percent. Had it not been for the lengthy delays that this project has experienced, we would not have incurred this cost increase. On March 31, 2009, we notified you of this via our document 215-STL.00474 and requested the issuance of a Contract Change Order to reimburse us for the cost difference. On May 12, 2009, we received State letter 05.0.01-002112 dated April 21, 2009, with which we are provided with a copy of a State internal memorandum dated April 2, 2009, denying the issuance of said change order.

The basis of this potential claim including all relevant contract provisions are listed as follows:

As shown on the Weekly Statement of Working Days, the number of days to complete the project has been modified by change order from 475 to 1670 days. Had the contract time not been increased by this amount by change order, the work would have been complete prior to the initiation of the sale tax increase, thus we would not have incurred this additional cost.

The estimated dollar cost of the potential claim including a description of how the estimate was derived and an itemized breakdown of the individual costs are attached hereto.

There is still approximately \$15,000,000 worth of taxable items remaining to be purchased on the project. Therefore, the added cost will be approximately \$150,000.

A time impact analysis of the disputed disruption has been performed and is attached hereto. The affect on the scheduled project completion date is as follows:

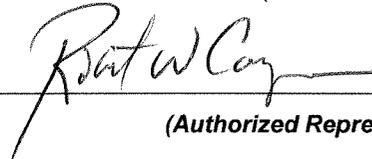
This matter will have no impact on the project schedule.

*The undersigned originator (Contractor or Subcontractor as appropriate) certifies that the above statements and attached documents are made in full cognizance of the California False Claims Act, Government Code Sections 12650-12655. The undersigned further understands and agrees that this potential claim to be further considered, unless resolved, must fully conform to the requirements in Section 9-1.04 of the Standard Specifications and must be restated as a claim in the Contractors written statement of claims in conformance with Section 9-1.07B of the Standard Specifications.*

CCMYERS INC

SUBCONTRACTOR of CONTRACTOR

(Circle One)



(Authorized Representative)

**For subcontractor notice of potential claim**

*This notice of potential claim in acknowledged, certified and forwarded by*

PRIME CONTRACTOR

(Authorized Representative)