



525 Winzeler Drive, Unit 1 | Bryan, OH 43506  
P: 419-636-2684

### City of Independence, Missouri (Project Authorization #3)

We are pleased to present the following proposal:

Install the OBIC Armor 1000, aromatic polyurea coating system. Advanced Rehabilitation Technology and Midwest Infrastructure Coatings are Certified Applicators of OBIC materials.

- This quote is good for 30 days
- Pricing is for installation of the Multi-Layer Liner System including surface preparation, average leak stoppage materials for minor concrete patching (up to 1 gallon of chemical grout), installation, and supervision.
- Requires Application Truck access within 200' of the structures to be provided.
- Off road locations may require assistance from owner for access.
- DOT Traffic Control to be provided by others if required. Our crew will supply cones for the immediate work area.
- By-pass Pumping and bypass of the structure to be in place prior to our arrival and provided by others.
- Water source, nearest hydrant, or spigot to be made available.
- Permits, Fees and Inspector Rates are not included in this quote.
- Client is responsible for all applicable sales tax.
- Installation Subcontractor will be Midwest Infrastructure Coatings and they **will not** be responsible for any of the needed by-pass pumping and/or vacuum truck scheduling, or rental during this process.

**OBIC Liner System Installation 221.60' of Manhole lining @ \$260.00 per linear foot = \$57,616.00. Installation of 24 Manhole Chimney Seals @ \$500.00 each = \$12,000.00. After including our \$2,000.00 Mobilization Fee your Total is **\$71,616.00****

### The OBIC Liner System Has a 10 Year Limited Warranty.

Upon agreeing to the terms, we ask you acknowledge in the area below and fax to our office. Should you have any questions regarding this proposal, please feel free to call me.

Thank you,

**Gary Mock**

General Manager  
(419) 636 – 2684

[gary@artcoatingtech.com](mailto:gary@artcoatingtech.com)

**(419) 636 – 7437 Office Fax**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing E-Mail \_\_\_\_\_

PO Number \_\_\_\_\_