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Advanced Rehabilitation Technology 525 Winzeler Drive, Bryan OH. 43506

City of Independence, Missouri (Authorization #6) (Contract # PCA OD-347-21)

We are pleased to present the following proposal:

Install the OBIC Armor 1000, aromatic Multi Layer polyurea coating system. We are a certified Applicator 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 the 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.
- Midwest Infrastructure Coatings **will not** be responsible for any of the needed by-pass pumping and/or vacuum truck scheduling, or rental during this process.
- Midwest Infrastructure Coatings will be the Subcontractor completing the work on this project.

**OBIC Liner System Installation 274.20' of Manhole lining @ \$260.00 per linear foot = \$71,292.00. Installation of 2 Manhole Chimney Seals @ \$500.00 each = \$1,000.00. After including our \$2,500.00 Mobilization Fee your Total is \$74,792.00**

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

Upon agreeing to the terms, if you would please fill out all areas below and email the completed copy back to me. Should you have any questions regarding this proposal, please feel free to contact me either by phone or email.

Thank you,

**Cole Andres**

Client Support Manager  
419-636-2684

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

Advanced Rehabilitation Technology

Name: _____
Signature: _____
Billing Phone Number: _____
Billing Address: _____
Billing E-Mail _____
PO Number _____
Date: _____

