

## County Service Area Zones of Benefit On-Call Maintenance Services Worksheet

This worksheet shall accompany Contractor's proposal for each maintenance project. Complete all relevant sections.

Date: \_\_\_\_\_ Working Days: \_\_\_\_\_ Requested Start date: \_\_\_\_\_ Amount: \_\_\_\_\_

Zone Name: \_\_\_\_\_ Contractor: \_\_\_\_\_

**Materials and Methods:** All materials and methods shall be in conformance with the 2018 Caltrans Specifications, including any Revised Standard Specifications thereto. Spoils shall be disposed of offsite and at no additional cost to County, unless otherwise specifically requested.

### Asphalt patching:

Material: Asphalt Binder Type: \_\_\_\_\_ Chip Size: \_\_\_\_\_ Tack Coat: \_\_\_\_\_

Methods:

Blanket Patch Max Thickness: \_\_\_\_\_  Edge Repair Max Thickness: \_\_\_\_\_  Remove / Replace: Max Depth Excavated: \_\_\_\_\_

HMA in:  one lift (<4") or  two lifts (4">)

Added Base:  No  Yes; If yes, compacted to: \_\_\_\_\_

Chip seal following patching:  No  Yes

Add fog seal:  No  Yes

Total Square Feet of Blanket Patch: \_\_\_\_\_

Total Square Feet of Edge Repair: \_\_\_\_\_

Total Square Feet of Remove / Replace: \_\_\_\_\_

### Crack Sealing:

Material: Hot Applied \_\_\_\_\_ Rubberized   Cold Applied \_\_\_\_\_

Method: Cleaned: \_\_\_\_\_ Minimum width filled: \_\_\_\_\_

Total Linear Feet of Crack Sealing: \_\_\_\_\_

### Surface Treatment: (Include totals for each different surface treatment type to be applied)

Seal Coat  Slurry Seal  Chip Seal Application:  Single /  Double  
 Fog seal:  No  Yes

Materials / Methods:

<p><i>First / Single Course:</i> Emulsion Type: _____ Spread Rate: _____ Screening Type / Size: _____ Spread Rate: _____</p>	<p><i>Second Course: (if applicable)</i> Emulsion Type: _____ Spread Rate: _____ Screening Size: _____ Spread Rate: _____</p>
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Other materials (e.g. paving fabric; specify type): \_\_\_\_\_

Post Sweeping:  No  Yes; If yes, \_\_\_\_\_ # of days following final course

Total Square Feet of Surface Treatment: \_\_\_\_\_

### Culvert Clearing:

Vactor Truck  Excavator  Other Equipment \_\_\_\_\_  
 Hand Tools Number of Inlets \_\_\_\_\_ Number of Outlets \_\_\_\_\_

### County Completes This Section:

Date Received: \_\_\_\_\_ By Whom: \_\_\_\_\_

All Requested Work is Maintenance:  Yes  No