

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

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Robert L. Pitts, Chairman
Fulton County Board of
Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM.

DocuSigned by:

Denival Stewart

2277A2CE73F4E4...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph N. Davis

E45C5C5F17FB417...

Joseph N. Davis, Director
Department of Real Estate and
Asset Management

CONSULTANT:

**ATLANTIC COAST
CONSULTING, INC.**

DocuSigned by:

Joel Scott

7456E55854624BC...

Joel Scott,
Vice President-Landfill Operations

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Katherine Schlueter

Notary Public

Cherokee

County: _____

02/27/2022

Commission Expires: _____

(Affix Notary Seal)

<p>2021-0135 2/17/2021</p> <p>ITEM#: _____ RCS: _____</p> <p>RECESS MEETING</p>	<p>xxx xxx</p> <p>ITEM#: _____ RM: _____</p> <p>REGULAR MEETING</p>
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AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **Atlantic Coast Consulting, Inc.**

Contract No. **18RFP113472C-BKJ, Landfill Post Closure Services**

Address: **630 Colonial Park Drive, Suite 100**
City, State **Roswell, GA 30075**

Telephone: **(770) 594-5998**

E-mail: [**JScott@atlcc.net**](mailto:JScott@atlcc.net)

Contact: **Joel Scott**
Vice President-Landfill Operations

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Atlantic Coast Consulting, Inc.** to provide Landfill Post Closure Services, dated 1st day of January, 2019, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose for this amendment is to increase spending authority to comply with a directive from the Georgia Department of Natural Resources (EPD) to implement an expansion of the Morgan Falls Landfill Gas system; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **February 17, 2021, BOC Items #21- 0135.**

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 17th day of February, 2021, between the County and **Atlantic Coast Consulting, Inc.**, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To comply with a directive from the Georgia Department of Natural Resources (EPD) to implement an expansion of the Morgan Falls Landfill Gas system. The expansion of the landfill gas system is necessary to eliminate the migration of methane gas along the north boundary of the landfill along Morgan falls road

Project Fees:

	Task Description	Fee Cost
1	Install 3 active SVE wells at Morgan Falls Landfill	\$35,710.00
2	Install 3 passive vents at Morgan Fall Landfill	\$14,570.00
3	Connect SVE-18 A, B & C to active system	\$90,970.00
4	Install 2 gas interceptor trenches at Merk/Miles	\$83,590.00
	Total Cost	\$224,840.00

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$224,840.00** (Two Hundred and Twenty Four Thousand Eight Hundred and Forty Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

02/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 400 N. Tampa St., 23rd Floor Tampa, FL 33602	CONTACT NAME: Patricia Byrne PHONE (A/C, No, Ext): 813-682-1510 FAX (A/C, No): E-MAIL ADDRESS: Patricia.Byrne@McGriff.com INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Indemnity Company NAIC # 25658 INSURER B : Travelers Property Casualty Co of Amer 25674 INSURER C : Charter Oak Fire Insurance Company 25615 INSURER D : Continental Casualty Company 20443 INSURER E : INSURER F :
INSURED Atlantic Coast Consulting, Inc. ACC of Florida, Inc. 1150 Northmeadow Parkway, Suite 100 Roswell, GA 30076	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6808M789265	10/25/2020	10/25/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BA0R97997A	10/25/2020	10/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CUP3P155013	10/25/2020	10/25/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	UB8M789578	10/25/2020	10/25/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$1,000,000 E.I. DISEASE - EA EMPLOYEE \$1,000,000 E.I. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Incl. Pollution			EEH288339423	10/25/2020	10/25/2021	\$3,000,000 each claim \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 18RFP113472C-BKJ Landfill Post Closure Services.

Certificate holder included as an Additional Insured on the General Liability Coverage and Auto Liability where required by written contract and subject to policy terms and conditions. Waiver of Subrogation in favor of the Additional Insured applies to the General Liability, Automobile Liability and Worker's Compensation when required by written contract. A 30 Day notice of cancellation (subject to 10 days for (See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
Department of Purchasing & Contract Compliance
130 Peachtree Street, SW; Ste 1168
Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Fulton County Government

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DESCRIPTIONS (Continued from Page 1)

non payment) apply in favor of the additional insured to the General Liability, Auto Liability policy where required by written contract.