

Contract Name:

UNIT WELL 19 TREATMENT SYSTEM ADDITION

Date 2/11/2026

Change Order No. CO 3

Contract No. 9289

Project/MUNIS No. 10448

Change Order Project No.

Ald District 5

Change Order Description:

Various - see attached cover form and documentation.

Account Numbers for this Change Order:
10448-86-140

Contractor:

JOE DANIELS CONSTRUCTION CO INC

919 APPEGATE RD

MADISON WI 53713-3295

You are authorized and directed to make the following changes in this contract:

*Mark if negotiated (N) or bid (B) unit price

| Item No. | Description | Est. Qty | Unit | Unit Price | N/B* | Total |
|----------|------------------------------------|----------|------|------------|------|------------|
| 1 | Various - see attached cover form. | 1.00 | LS | 123,165.60 | N | 123,165.60 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |

% of Original

| | | |
|---|---------|--------------|
| Net Change Order | 1.63% | 123,165.60 |
| The Original Contract Total | | 7,540,425.00 |
| Sum of previous Change Orders | 3.48% | 262,049.79 |
| The new Contract Sum including this Change Order will be | 105.11% | 7,925,640.39 |

| | |
|---|---------------|
| This Contract is a: | Calendar Days |
| Original Contract Time/Completion Date | 11/28/2025 |
| Net Change in Contract Time by previous change orders | |
| Contract Time/Completion Date prior to this change order | |
| Additional day(s) as a result of this Change Order | |
| Contract time/completion date as a result of this change order | |

Contractor's Acceptance

By JOE DANIELS
Title GR. PM
Date 2/11/26

City's Approval (see reverse side for instructions)

Date

Construction Inspector _____
Construction Supervisor _____
Engineer R. H. H. 2/4/2026
Board of Public Works _____

Contract paid to date _____

ROUTING:

EN Admin _____
Greg Fries _____
Chase O'Brien _____