



PO Box 986
San Juan Capistrano, CA 92693-0986
(949)240-8779
(949)240-8769 fax

ESTIMATE

DATE	ESTIMATE ...
1/6/2023	3723

NAME / ADDRESS

City of Carson
Attn: Cesar Padilla
701 East Carson Street
Carson, CA 90749

Contractors License #757453 C27
DIR 1000007321

		P.O. NO.	TERMS
			Net 30
DESCRIPTION	QTY	COST	TOTAL
Sportsfield Renovations	1	4,000.00	4,000.00
Prepare by ripping and laser level skinned infield on the larger infield and smaller at Dominguez Park for the City of Carson. A recommendation of 150 ton of material be brought to assist with the leveling process.			
Renothatcher Operator/Equipment	1	1,500.00	1,500.00
Dethatching and lip removal. Does not include removal or disposal of material after renothatching.			
Installation of materials used on project. Bring in 150 ton of Corona Clay Angels Mix for both field.	1	12,000.00	12,000.00
All base pegs and irrigation fixtures must be marked. Not responsible for damage to unmarked irrigation. This estimate does not include adjusting any base anchors as needed after the leveling process.		0.00	0.00
The entire surface to be laser leveled will need to be watered heavily prior to the project. Proper moisture content is achieved when a knife or screwdriver can be inserted easily to a depth of 2-3 inches. The best procedure is to rough grade the infield and then bring in new material to blend with the old.		0.00	0.00
Barkshire is not responsible for access to the property. Material deliveries must be approved by the owner and provide direction for trucks onto the site. Barkshire does not assume responsibility for any damages due to delivery. If truck delivery onto property is not possible, owner assumes responsibility for moving the material onto the work area unless specifically quoted in estimate.		0.00	0.00

TOTAL

Phone #	Fax #	E-mail
949-240-8779	949-240-8769	barkshirelaser@gmail.com

www.barkshireleveling.com



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			Net 30
DESCRIPTION	QTY	COST	TOTAL
Estimate includes all labor, equipment and mobilization fees. Unless advised by customer, this project is bid at prevailing wage. Please call with any questions regarding this estimate. Sign below and fax back with approval and scheduling. Signature _____ Date _____		0.00	0.00
		TOTAL	\$17,500.00

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