

# SCARAN

HEATING • COOLING • PLUMBING



February 7, 2019

CMI Management Inc.  
Attn: Steve Miller  
5285 Shawnee Rd.  
Alexandria, VA 22312

6767 Amboy Road  
Staten Island, NY 10309  
Tel: (718) 984 0805  
Fax: (718) 966 5586

RE: HVAC – Repair Proposal 00047

Subject: Fort Wadsworth CSS 16451 - Building 208.

Mr. Miller,

Scaran Heating & Cooling is pleased to submit our proposal for the above referenced project in the sum of \$598.65 for your consideration.

Scaran Heating & Cooling will provide and perform the following:

Building #208

Removal of leaking 2 inch Dielectric union  
Provide New 2 inch Dielectric union and install.  
Start up  
Warranty

CSS#16451

\$250.00 Labor 2 Hours @ 125.00 Hr.

\$348.65 Materials (Dielectric Union)

\$598.65

We exclude:

Premium Time

System Deficiencies outside scope of work

Thank you for this opportunity and I look forward to serving you.

Sincerely,

Kevin J. Lenning

V.P. Scaran Services

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY 024 Date of Visit: 2/7/15

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Matthew Corson</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

CSS 16451

Building 208 - Replacement of Dielectric Union

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Kevin J. Lemmenc Date: 2/7/18

Signed: Kevin J. Lemmenc

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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RE: HVAC – Repair Proposal 00048

Subject: Fort Wadsworth CSS 16432 Building 358 Boiler repairs

Mr. Miller,

Scaran Heating & Cooling is pleased to submit our proposal for the above referenced project in the sum of \$990.00 for your consideration.

Scaran Heating & Cooling will provide and perform the following:

Building # 358

Remove Two (2) defective Locknivar condensate neutralizer canisters

Provide Two (2) New factory supplied neutralizer canisters

Install New canisters in place

Start up

Warranty

CSS#16432

\$375.00 Labor 3 Hours @ 125.00 Hr.

\$615.00 Materials Two (2) Factory supplied Neutralizer Canisters.

\$990.00

We exclude:

Premium Time

System Deficiencies outside scope of work

Thank you for this opportunity and I look forward to serving you.

Sincerely,

Kevin J. Lenning

V.P. Scaran Services

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY 024 Date of Visit: 1/4/19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Matthew Conson</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

CSS 16432  
Replacement of Two (2) Neutralizer Canisters  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Kevin J Leavelle Date: 2/7/18

Signed: Kevin J Leavelle

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_