ALPENA COUNTY MAINTENANCE DEPARTMENT

720 W. Chisholm Street, Suite #6
Alpena, MI 49707
Telephone (989) 354-6016 Fax (989) 354-9648
wilderw@alpenacounty.org

MEMO

TO:

Alpena County Finance Committee

FROM:

Wes Wilder W. W.

Maint. Supt.

DATE:

8/7/19

SUBJECT:

Compressor Replacement at the Health Dept.

There has been another compressor for one of the air conditioning units at the Health Department fail and needs to be replaced. Attached is a proposal from Weinkauf Plumbing and Heating in the amount of \$3,938.00 to replace this unit. There would be an additional cost of \$1,375.00 to replace the oil if it is found to be contaminated.

Proposal

Weinkauf Plumbing and Heating Inc.

1411 M-32 West Alpena, MI 49707 (989) 354-5427

PROPOSAL SUBMITTED TO	The second secon		STATE OF THE PARTY	
DISTRICT HEALTH DEPT. #4	989-356-	4507		7/26/2019
100 WOODS CIRCLE			CONDENSER	
CITY, STATE, and ZIP CODE ALPENA MICHIGAN 49707	SAME			
STATE OF MICHIGAN LICENSE # 71-11060	DATE OF PLANS	s		JOB PHONE
We hereby submit specifications and estimates for:	<u> </u>			
PROPOSAL TO FURNISH LABOR AND MATERIAL FOR THE FOLLOWING.				
1-FOUND STAGE #1 COMPRESSOR ON TRANE TTA150B300BC, SERIAL M0420EAH SHORTED TO				
GROUND AND CONTACTOR BURNT, REPLACE THE FOLLOWING.				
1-REMOVE FREON FROM SYSTEM AND ACID TEST COMPRESSOR OIL.				
1-REMOVE SHORTED OUT R-22 COMPRESSOR AND DISPOSE OF.				
1-REMOVE EXISTING LIQUID LINE AND SUCTION LINE FILTER AND DISPOSE OF.				
1-INSTALL TRANE COM-3749 6-1/4 TON R-22 COMPRESSOR.				
1-INSTALL TRANE DHY-1454 3/8 ODF LIQUID LINE FILETR DRIER.				
1-INSTALL TRANE DHY-01462 1-1/8 ODF SUCTION LINE FILTER.				
1-INSTALL HONEYWELL DP3040A5003 3-POLE 24 VOLT COMPRESSOR CONTACTOR.				
1-1-RECOVERY, EVACUATION, NITROGEN PRES TEST, BRAZE CHARGE, LABOR & START UP.				
NOTE: UPON REMOVAL OF COMPRESSOR IF OIL IS FOUND TO BE CONTAMINATED THE FREON WILL				
BE REMOVED OF ADDITION COST TO INSTALL NEW R-22 FREON, ADD \$ 1,375.00				
We Propose hereby to furnish material and labor complete in accordance with above specifications, for the sum of:				
THREE THOUSAND NINE HUNDRED THIRTY EIEG	HT	DOLLAR	\$3,938.00	
			*************************************	Address of the Control of the Contro
* - 1/2 down payment before installation and balance upon completion.				
All material is guaranteed to be as specified. All work to be completed in a wo	rkmanlike	Authorized Signature	Mr. O.	
specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements continued the extra charge over and above the estimate.				
strikes, accidents or delays beyond our control. Owner to carry fire, tornado ar necessary insurance. Our Workers are fully covered by Workman's Compens Insurance.	مطاعم أم	Note This proposa		1
		withdrawn	by us if not accepted within	60da_s.
Acceptance of Proposal-				
The above prices, specifications and conditions are satisfactory and are nereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.	Signature			
cceptance Date:	Signature			
	3/idi010			