

BOARD OF SUPERVISORS  
 COUNTY OF MADISON  
 PROPOSED SUPPLEMENTAL APPROPRIATION  
 DATE:

6/27/23

FY2023

| Type of Supplement | Interdepartmental transfer (same fund)           |
|--------------------|--|
| X                  |  |
|                    | Interfund transfer                               |
|                    | Revenue/Expense offset                           |
|                    | Use of contingency                               |
|                    | Other use of fund balance not in original budget |

PURPOSE: Sheriffs Department - Gun Range Lead Removal Capital Project

| GL   | Account Type | Fund Name | Department             | Object Code/Source School Code/Source | Debit            | Credit           |
|--|--------------|-----------|------------------------|---------------------------------------|------------------|------------------|
| 1330-4310-03-31200-810800-0000-0000000-00000-00000-A7000 | Exp          | CARP Fund | Sheriff                | Equipment Other                       | 30,000.00        |                  |
| 1330-2320-03-32600-810600-0000-0000000-00000-00000-A6000 | Exp          | CARP Fund | EMS                    | Motor Vehicles                        |                  | 5,000.00         |
| 1330-4220-02-22100-811700-0000-0000000-00000-00000-A7000 | Exp          | CARP Fund | Commonwealths Attorney | Purchased Software                    |                  | 25,000.00        |
|  |              |           |                        |                                       | <b>30,000.00</b> | <b>30,000.00</b> |

Amount for Board to vote on

**30,000.00**

Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Upon approval by the Board of Supervisors, the County Administrator shall forward a signed copy of the proposed supplement appropriation to the County Finance Director.

 \_\_\_\_\_ Date 6/28/23

FY2023 Proposed Supplemental Appropriation#20\_06272023

**Subject:** FW: Range Upgrade  
**Date:** Thursday, June 22, 2023 at 5:32:46 PM Eastern Daylight Time  
**From:** Jonathon Weakley  
**To:** Jennifer Warren  
**Attachments:** image001.png, image002.jpg, image003.jpg, image004.jpg, image005.jpg, 2023 - Madison County Sheriff's Office - Proposal.pdf

Hello Jennifer,

Please see attached the proposal provided by the Sheriff's Office for the purpose of lead removal from the berm of our certified gun range for law enforcement. In this email I am providing the language for sole source. Please review and provide any additional information request to Captain Estes. Upon initial review, I am not sure if the company would be required to add the county as a holder on their insurance. Would you mind generating a PO to encumber funds from FY23 for this project. I like your approach of using the remaining CIP funds from the Commonwealth's Attorney and Facilities or EMS. This would provide adequate funding for this project.

**Sole source justification:**

Recoil LLC is a company that specializes in gun range lead remediation. The company performs lead remediation, soils screening, and berm restoration. They will also generate a final report the includes the bill of lading and certificate of disposal. There are no other companies that offer the combined services of soil excavation, proper lead recycling, and final report generation. Therefore, I consider Recoil LLC to meet sole source criteria.

Please let me know if you have any questions or provide the PO when available.

Thank you so much for your assistance!

**Jonathon Weakley**  
**County Administrator**  
**Madison County**  
**PO Box 705**  
**Madison, VA 22727**  
**540-948-7500**

**From:** Troy Estes <tnestes@madisonco.virginia.gov>  
**Sent:** Thursday, June 22, 2023 1:17 PM  
**To:** Jonathon Weakley <jweakley@madisonco.virginia.gov>  
**Subject:** Re: Range Upgrade

We are not putting rubber in the backstop. We are just using the dirt already there.

**Captain Troy Estes**  
**Madison County Sheriffs Office**  
**☎Office: (540) 948-7524**  
**115 Church Street**  
**Madison, VA 22727**

***\*\*This email and any attachments to it may be confidential and are intended solely for the use of***



**Proposal for Range Remediation:**

**Madison County Sheriff's Office  
4824 Shelby Road  
Rochelle, VA 22738**

12472 Lake Underhill Road - #244 · Orlando, FL 32828 · (904) 420-7997

## Scope of Work

Recoil LLC will provide all equipment, materials, and personnel to perform the following scope of work.

Soil will be removed from the pistol range to a depth of 2' within the impacted areas and screened on-site. All material will be returned to the berms after screening and graded to match pre-existing conditions.

All soils will be screened using a "Dry" method to help reduce the environmental impact and generation of excess materials. Bullets and fragments > ¼" will be removed, cleaned, and containerized on-site for recycling. The containerized lead will be weighed, documented, and inventoried before material is shipped off-site. Madison County Sheriff's Office will then receive a Final Report that includes the Bill of Lading and Certificate of Disposal for all recycled lead.

It is anticipated that all work will be completed within (1) week (weather permitting). Recoil LLC employees will work with Madison County range officers to help minimize the impact of daily operations.

## Pricing (without rubber)

| Item # | Description                             | Cost                                  |
|--------|---|---------------------------------------|
| 1      | Mobilization of Equipment and Personnel | *Total Payment \$30,000.00            |
| 2      | Removal of Lead >1/4" from Ranges       | 50/50 **Split on all Recoverable Lead |

\*Mobilization cost would decrease if scheduled with other projects in the area

\*\*Less 50% of the cost of drums, pallets, and trucking

## Pricing (with rubber)

| Item # | Description                             | Cost                                  |
|--------|---|---------------------------------------|
| 1      | Mobilization of Equipment and Personnel | *Total Payment \$35,000.00            |
| 2      | Removal of Lead >1/4" from Ranges       | 50/50 **Split on all Recoverable Lead |
| 3      | Media Rubber                            | \$13,345.00                           |

\*Mobilization cost would decrease if scheduled without projects in the area

\*\*Less 50% of the cost of drums, pallets, and trucking

## **Company History**

Recoil LLC was established in 2018 by Matthew Carrera to specialize specifically on outdoor gun range lead remediation. Since its founding, Recoil LLC has recovered and recycled over 5,000,000 pounds of lead from 100+ ranges. The company holds numerous state level contracts across the country (i.e., Florida Fish & Wildlife Commission, Louisiana Wildlife & Fisheries, Alabama Department of Natural Resources, and North Carolina Wildlife Resources Commission).

Matt worked in the Environmental industry for 23 years. During that time, he supervised field operations (removal projects under the USEPA ERRS programs), cleanups, contaminant, decontamination, demolition, and restoration projects. Served in various capacities including Foreman, Site Health and Safety Officer, and Project Supervisor. Also, had numerous Safety Audits (both internal and regional) conducted by the US Environmental Protection Agency and the US Coast Guard.

## **Safety Policies & Procedures**

First, Recoil LLC meets with the Site Safety Officer of every range we work on to discuss the "Scope of Work" as outlined in the contract. All our work is done down range on the berm surface, however, range remediation is not started until the range is shut down and secure (meaning no active shooting while we perform our services). All the dirt work is above surface grade, no below grade excavation is done. We typically go down 2-feet on the berm surface and return the dirt to the berm after we remove the spent lead. All the work is completed with enclosed equipment including a skid steer and a small excavator. The enclosed equipment also minimizes any potential exposure to dust for the crew. All employees use headsets and walkie talkies for communication and safety purposes and to help minimize the need to get out of the equipment. We use a shaker screen machine (typically used to remove/separate rocks) to screen the lead. This machine runs (for the most part) the entire time and is loaded with equipment only. Equipment is turned off and keys are removed prior to working on any piece of equipment owned/rented by Recoil LLC.

Recoil LLC takes the safety and medical monitoring of the employees very seriously! We conduct morning safety meetings to discuss potential hazards, etc., while preparing for operations. Recoil LLC contracts with Concentra to help oversee and provide medical direction. Recoil LLC follows the guidance of the medical professionals at Concentra. With all field employees we do pre-employment physicals, annual physicals, and 6-month blood tests for lead. We start with limiting the exposure to lead by providing enclosed equipment, good hygiene, and require employees to wash their hands after leaving the work area or going on breaks. Special DE-lead soaps and wipes are used as part of our decontamination process. Trucks and equipment are wiped down daily using said soaps and wipes. Trucks (which contain non-cloth seats) are fully deconned at least once a week. Personal air monitoring is done every 6 months. Pumps are placed in our enclosed cabs, monitored 10 hours a day, 5-7 days out of the week. Cartridges are then sent off for analysis to make sure exposure is either minimal or nothing.

All employees have and are required to have a current 40-HR HAZWOPER and Lead Awareness/Exposure Training.

## Conclusion

We look forward to working with Madison County Sheriff's Office. If you have any questions or comments regarding this proposal, please feel free to reach out to me at any time.

Thank you for your consideration!

Signature: *Tiffany Keene*

Name / Title: Tiffany Keene – Project Manager

Date: March 9, 2023

Attachments:           Certificate of Liability Insurance – Commercial General Liability  
                              Certificate of Liability Insurance – Workers Compensation

# Certificate of Liability Insurance – Commercial General Liability



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/17/2023

**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 rights to the certificate holder in lieu of such endorsement(s).**

| <b>PRODUCER</b><br>Filichia Insurance Agency Inc.<br>1703 S Washington Ave<br>Titusville FL 32780-4763 | <b>CONTACT NAME:</b> Michael Filichia<br><b>PHONE (A/C, No. Ext):</b> (321) 269-1400 <b>FAX (A/C, No.):</b> (321) 264-9770<br><b>E-MAIL ADDRESS:</b> Mike@filichia-agency.com  |                               |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
|--|--|-------------------------------|--|--------|--|--|-------|---------------------------------------|--|-------|-------------------|--|--|-------------------|--|--|-------------------|--|--|-------------------|--|--|
| <b>INSURED</b><br>Recoil, LLC.<br>12472 Lake Underhill Rd # 244<br>Orlando FL 32828-7144               | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> State National Insurance Co Inc.</td> <td></td> <td>12831</td> </tr> <tr> <td><b>INSURER B:</b> MT Hawley Insurance</td> <td></td> <td>37974</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | <b>INSURER A:</b> State National Insurance Co Inc. |  | 12831 | <b>INSURER B:</b> MT Hawley Insurance |  | 37974 | <b>INSURER C:</b> |  |  | <b>INSURER D:</b> |  |  | <b>INSURER E:</b> |  |  | <b>INSURER F:</b> |  |  |
| INSURER(S) AFFORDING COVERAGE  |  | NAIC #                        |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
| <b>INSURER A:</b> State National Insurance Co Inc.   |  | 12831                         |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
| <b>INSURER B:</b> MT Hawley Insurance  |  | 37974                         |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
| <b>INSURER C:</b>  |  |                               |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
| <b>INSURER D:</b>  |  |                               |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
| <b>INSURER E:</b>  |  |                               |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |
| <b>INSURER F:</b>  |  |                               |  |        |  |  |       |                                       |  |       |                   |  |  |                   |  |  |                   |  |  |                   |  |  |

**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 SUBR NED | WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|---------------|-----|------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC<br>OTHER: | X             |     | NXTBE64KRK-02-GL | 10/22/2022              | 10/22/2023              | EACH OCCURRENCE    \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ 100,000<br>MED EXP (Any one person)    \$ 10,000<br>PERSONAL & ADV INJURY    \$ 1,000,000<br>GENERAL AGGREGATE    \$ 2,000,000<br>PRODUCTS - COMP/OP AGG    \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |               |     |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)    \$<br>BODILY INJURY (Per person)    \$<br>BODILY INJURY (Per accident)    \$<br>PROPERTY DAMAGE (Per accident)    \$<br>\$   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>OCCUR CLAIMS-MADE<br>RETENTION \$   |               |     | GXS0010840       | 2/10/2023               | 02/10/2024              | EACH OCCURRENCE    \$ 2,000,000<br>AGGREGATE    \$ 2,000,000<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N           |     | N/A              |                         |                         | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT    \$<br>E.L. DISEASE - EA EMPLOYEE    \$<br>E.L. DISEASE - POLICY LIMIT    \$  |
| B        | <b>Pollution Liability</b>  | X             | X   | EGL000009480     | 03/29/2022              | 03/29/2023              | Occurrence    \$1,000,000<br>Aggregate    \$2,000,000   |

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

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>Recoil, LLC.<br>12472 Lake Underhill Rd # 244<br>Orlando FL 32828 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br>Michael Filichia |
|--|--|

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# Certificate of Liability Insurance – Workers Compensation



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2022

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.

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|   |   |
|---|---|
| <b>PRODUCER</b><br>SUNZ Insurance Solutions, LLC ID: (Diamond PEO)<br>c/o Diamond PEO LLC<br>27442 Calle Arroyo, Suite A<br>San Juan Capistrano, CA 92675 | <b>CONTACT NAME:</b> Veronica Lake<br><b>PHONE (AC, No, Ext):</b> 714-796-9110 <b>FAX (AC, No):</b><br><b>E-MAIL ADDRESS:</b> vlake@diamondpeo.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: SUNZ Insurance Company      NAIC # 34762<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
|---|---|

**COVERAGES**      **CERTIFICATE NUMBER:** 71791232      **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 SUBR |     | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |  |
|----------|---|-----------|-----|-----------------|-------------------------|-------------------------|--|--|
|          |   | INSR      | WVD |                 |                         |                         |  |  |
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |     |                 |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                 |  |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                |           |     |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |     |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A | WC070-00001-023 | 1/1/2023                | 1/1/2024                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Coverage provided for all leased employees but not subcontractors of: Recoil LLC  
 Client Effective: 1/1/2023

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>1028<br>Recoil LLC<br>12472 Lake Underhill Rd<br>Orlando FL 32828 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Rick Leonard |
|--|--|

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