

BRIESER CONSTRUCTION COMPANY
General Contractor

24101 S. Municipal Drive
Channahon, Illinois 60410

(815) 521-0900
FAX: (815) 521-0999

DATE 10-19-09

TIME _____

FACSIMILE TRANSMITTAL

ATTENTION: Beckie Maddox
COMPANY: MWG

PHONE # OF RECEIVING FAX MACHINE: (815) 372-4545

NUMBER OF SHEETS INCLUDING TRANSMITTAL SHEET: 2

PLEASE ADVISE IF YOU DO NOT RECEIVE ALL SHEETS.

SENT BY: Tedd Mills
BRIESER CONSTRUCTION CO.

ADDITIONAL COMMENTS: _____



MIDWEST GENERATION EME, LLC

An EDISON INTERNATIONAL Company

FCR # 12 (Filled by Station)

Will County Station Field Change Request (FCR)

Contractor: Brieser Construction MWGen PO # / Line Item: 4500025819

Description of Change/Information Requested: Cut holes in liner to pump out ground water. CAWS will then patch the holes

Reason for Change: Unknown water source is trapped in liner.

Requested by: Tedd Mills Date: 10-29-09

Cost of Change: \$ 4600

Cost Basis: [] Firm Lump Sum Quote T&M estimate [] T&M estimate not to exceed

Remainder of form to be filled out by Station

MWGen Response: Approved

Response by: Beckie Maddox Date: _____

Does this Request require a contract change? [] YES NO

If YES, complete the following:

Requisition Number: _____ Work Order #: _____

Schedule Impact: _____

Change Approved by: Beckie Maddox 10/30/09
Authorized MWGen Signature Approval Date

Change Approved by: _____
Authorized Contractor Signature Approval Date

FCR Form Revision 2, dated 10/5/05



MIDWEST GENERATION EME, LLC

An EDISON INTERNATIONAL Company

FCR # 13 (Filed by Station)

Will County Station Field Change Request (FCR)

Contractor: Briexer Construction MWGen PO # / Line Item: 4500005819

Description of Change/Information Requested: Push existing Fill material onto sides to build banks.
Supply + install CA-6 to build + Finish grade banks

Reason for Change: _____

Requested by: Tedd Mills Date: 11-10-09

Cost of Change: \$ 48,434¹³

Cost Basis: [] Firm Lump Sum Quote [] T& M estimate T& M estimate not to exceed

Remainder of form to be filled out by Station

MWGen Response: _____

Response by: _____ Date: _____

Does this Request require a contract change? [] YES [] NO

If YES, complete the following:

Requisition Number: _____ Work Order #: _____

Schedule Impact: _____

Change Approved by: _____
Authorized MWGen Signature Approval Date

Change Approved by: _____
Authorized Contractor Signature Approval Date

FCR Form Revision 2, dated 10/5/05

