

# ISABELLA COUNTY REQUEST FOR BIDS



## Isabella County Water Supply System No. 1 (Lake Isabella): Well #1 and Well #2 Pump Repair

ISSUED BY ISABELLA COUNTY BOARD OF  
COMMISSIONERS

ISSUE DATE: Monday, November 14, 2022

DUE DATE OF BID: Friday, December 16, 2022 at 12:00 p.m.



## ISABELLA COUNTY REQUEST FOR BIDS

Isabella County issues this Request for Bids (the “RFB”) to solicit bids from qualified professional firms for the provision of Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair. The County intends to enter into an agreement with the chosen firm for the restoration of Wells #1 and #2 vertical turbine pumps to peak operating condition. The County desires for professional services to pull the pumps, inspect each pump’s components, overhaul, reset pumps, startup and test pumps.

To be considered, three (3) copies of a bid must be received by the Administrator/Controller’s Office at the Isabella County Building, Room 205, 200 N. Main Street, Mt. Pleasant, MI 48858 by 12:00 p.m. December 16, 2022. In addition, a PDF copy is to be emailed to Administrator/Controller, Nicole F. Frost at [nfrost@isbellacounty.org](mailto:nfrost@isbellacounty.org). Isabella County reserves the right to reject any or all bids submitted. Bids submitted will be evaluated by County personnel as determined by the County Administrator/Controller, with final approval by the Board of Commissioners.

### I. INTRODUCTION

#### 1.1 Purpose

Isabella County is soliciting bids for Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair. Ideally, the Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair will include the restoration of Wells #1 and #2 vertical turbine pumps to peak operating condition.

The County’s selection process will rely on evaluations of the written responses to this RFB and any subsequent supplemental evaluation processes, such as requests for additional information, as may be undertaken by the County at its sole discretion.

The County reserves the right to accept or reject any or all bids, and also the right to waive any formal defects in bids when deemed in the best interest of the County. Further, the County reserves the right to accept a bid higher in price than the lowest bid, and to negotiate with any Respondent concerning matters which the County determines require clarification or changes not in conformity with the specific requirements set forth herein.

#### 1.2 Background

The primary goal of the County is to proactively maintain the water system’s assets and equipment and ensure uninterrupted water delivery. To accomplish this, the County is seeking professional service bids for the Wells #1 and #2 pump overhaul to maintain each well’s efficiency.

To build upon the primary goal, Well #2 is under-performing, producing less gallons-per-minute than it

is rated for and using more electricity to run to meet the water demands of the customers each time it is called upon to fill the system. Overhauling the well shall improve the efficiencies for run time to maintain the water supply as necessary for the system.

See attached copies of the previous test reports of Wells #1 and #2, EXHIBIT D.

### 1.3 **Objective**

#### **Scope of Services**

Bids for Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair should address the following objectives, which are not necessarily all-inclusive:

1. To restore Well #1 back to its original rating of 500 gpm, as near as possible, and to restore Well #2 back to its original rating of 300 gpm, as near as possible.
2. Potential bidders **may not** use subcontractors on this project to meet these qualifications, nor to perform the field and pump overhaul labor. Pump overhaul must be performed in the company's machine shop or repair facility, owned by the company. The motor overhaul may be subcontracted.
3. The site shall be maintained as existing prior to any work. Contractor is responsible for any and all site restoration, including any and all damages.
4. The Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair must be fully compliant with the Americans with Disabilities Act (ADA) and specifically as it relates to governmental services.
5. The bid shall include the procedure to be used for testing and validation of the Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair prior to its final endorsement.
6. The bid shall include a description of any training materials that will be provided to the County for use by end users of the Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair.

See attached EXHIBIT E.

#### **Scheduling**

The absolute deadline for completion of the Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair is September 30, 2023.

Therefore, the successful firm will be required to demonstrate through its bid documents and finalizing discussion, that it has a timeline for a plan of action that will assuredly allocate the necessary resources of the firm to respond within a **maximum of 14 business days** from the time each pump is pulled to the time each pump is installed and tests are completed to have the pumps back in service to the County by that date. **Well #2 repairs must be completed first.**

The Contractor shall pay Isabella County as liquidated damages, and not as penalty, amounts specified by Isabella County which shall include, but not be limited to, costs due to expenses incurred after the date fixed for completion resulting from failure to complete on the due date. Liquidated damages specified shall be deducted from any payment due, or to become due, to the Contractor.

Liquidated damages shall be not less than \$500.00 for each and every calendar day that he/she may be in default of substantial completion of this project past the time specified (September 30, 2023) in the contract.

### **Exit Conference**

The successful firm may be required to hold an exit conference with appropriate County officials and may be required to make a presentation to the Isabella County Board of Commissioners.

### **Additional Consultation**

From time-to-time County staff may find it necessary to consult with the successful firm on future issues related to the final Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair. The bid will include an outline of the how this occasional consultation will be handled in regard to charges.

### **Contract Amount**

It is agreed between the County and the successful firm that in consideration for the firm's full and complete performance hereunder, the County shall pay to the successful firm the fees as detailed in the successful bid, as proposed by the firm and as accepted by the County. The final amount shall be based upon actual goods received or services performed as approved by the Isabella County Commissioners.

### **Term**

This Agreement for goods/services shall run for the length of the project(s) undertaken by the successful firm unless otherwise terminated by the firm and/or the County upon 30 days' written notice to the other party, provided, however, that the benefits to either party hereto afforded by the terms and conditions of said Agreement shall inure to each party in perpetuity, including surviving any termination of said Agreement by either party.

### **Performance Requirements**

The successful firm will provide all goods and perform all services under this Agreement in a timely and professional manner, using the customary level of care suitable for the goods provided or services performed and in compliance with all applicable laws, rules, and regulations. All goods provided and services performed under this Agreement are subject to the County's continuing rights of review, inspection, and approval.

#### **1.4 Minimum Qualifications**

Bids will be considered from firms who:

1. Are licensed to do business in the State of Michigan.

2. Possess the necessary qualifications and competencies to provide the goods or perform the work proposed.

Firms that do not meet these minimum qualifications shall be deemed non-responsive and will not receive further consideration.

**1.5 Funding**

Any contract awarded as a result of this procurement is contingent upon the availability of funding as determined by the Isabella County Board of Commissioners.

**1.6 Period of Performance**

The period of performance of any contract resulting from this RFB is tentatively scheduled to begin upon award of a contract. Submitted bids should address a tentative time frame, including estimated product delivery or project duration and timeline.

**II. GENERAL INFORMATION FOR CONTRACTORS**

**2.1 Project Administrator**

The Project Manager is the sole point of contact for this procurement. All communication between prospective bidders and the County upon receipt of this RFB shall be with the Isabella County Drain Commissioner’s Office, as follows:

Tim A. Warner, Project Manager  
 Isabella County Drain Commissioner’s Office  
 200 N. Main Street, Room 140  
 Mount Pleasant, MI 48858

Telephone: Cell (989)-289-3857  
 Facsimile: (989)-779-8785  
 E-mail: twarner@isabellacounty.org

Any other communication will be considered unofficial and non-binding on the County. Communication directed to parties other than the Project Manager may result in disqualification of the prospective bidder.

**2.2 Estimated Schedule of Procurement Activities**

Issue Request for Bids	Monday, November 14, 2022
Mandatory site visit and pre-bid meeting at 10:00 a.m. at the Isabella County Building, 200 N. Main Street, Mt. Pleasant, MI 48858 in Room 225	Friday, December 2, 2022
Bids Due	By 12:00 p.m., Friday, December 16, 2022

*A mandatory site visit and pre-bid meeting will be held on Friday, December 2, 2022 at 10:00 a.m. in Room 225 at the Isabella County Building, 200 N. Main Street, Mt. Pleasant, MI 48858. This meeting*

*will be the only opportunity for prospective bidders to ask questions regarding bids.*

Response to this Request for Bid is due at the County Administrator/Controller's Office, Isabella County Building, 200 North Main Street, Suite 205, Mt. Pleasant, MI 48858 no later than 12:00 p.m., Friday, December 16, 2022.

### **2.3 Submission of Bids**

Responding agencies are required to submit three (3) copies of their bid. Each copy of the bid should be bound or contained in a single volume. All documentation submitted with the bid should be contained in that single volume. The bid, whether mailed or hand delivered, must arrive at the County Administrator/Controller's Office no later than 12:00 p.m., local time, on Friday, December 16, 2022. In addition, a PDF copy is to be emailed by the above stated deadline to the Administrator/Controller, Nicole F. Frost at [nfrost@isbellacounty.org](mailto:nfrost@isbellacounty.org).

The three (3) hard copy bids are to be sent to the County Administrator/Controller's Office at the address noted in Section 2.2, above. The envelope submitted should be clearly marked ISABELLA COUNTY WELLS #1 AND #2 PUMP REPAIR BID and addressed to the attention of the County Administrator/Controller.

Bidders who mail bids should allow normal mail delivery time to ensure timely receipt of their bids at the County Administrator/Controller's Office. Respondents assume the risk for the method of delivery chosen. The County assumes no responsibility for delays caused by any delivery service. ***Bids may not be transmitted using electronic media such as facsimile transmission or electronic mail only.***

Late bids will not be accepted and will be automatically disqualified from further consideration. All bids and any accompanying documentation become the property of Isabella County and will not be returned.

Respondents are requested to be brief in response. The inclusion of extraneous information beyond the description of goods to be provided and/or services to be performed is discouraged.

### **2.4 Proprietary Information and Public Disclosure**

Materials submitted in response to this competitive procurement shall become the property of Isabella County. All bids received shall remain confidential until the deadline for submission of bids has expired, as defined by Michigan statute (MCL 15.243(1)(i), the Freedom of Information Act.

### **2.5 Revisions to the RFB**

In the event it becomes necessary to revise any part of this RFB, addenda will be reduced to writing and submitted to all prospective bidders known to the County. For this purpose, the published questions and answers and any other pertinent information will be considered an addendum to the RFB and will be provided to prospective bidders.

The County reserves the right to cancel or to reissue the RFB in whole or in part, prior to execution of a contract.

## **2.6 Acceptance Period**

Bids must provide one hundred twenty (120) days for acceptance by the County from the due date for receipt of bids.

## **2.7 Responsiveness**

All bids will be reviewed by the Administrator/Controller's Office to determine compliance with administrative requirements and instructions specified in this RFB. Failure to comply with any part of the RFB may result in rejection of the bid as non-responsive. The County also reserves the right, at its sole discretion, to waive minor administrative irregularities.

## **2.8 Most Favorable Terms**

The County reserves the right to make an award without further discussion of the bid submitted. Therefore, the bid should be submitted initially on the most favorable terms which the Respondent can propose. The County does reserve the right to contact a Respondent for clarifications of its bid.

The Respondent should be prepared to accept this RFB for incorporation into a contract resulting from this RFB. Contract negotiations may incorporate some of, or the entire, Respondent Bid. It is understood that the bid will become a part of the official procurement file on this matter without obligations to the County.

## **2.9 Costs of Bid**

The County will not be liable for any costs incurred by the Respondent in preparation of a bid submitted in response to this RFB, in conducting of a presentation, or any other activities related to responding to this RFB.

## **2.10 No Obligation Contract**

This RFB does not obligate the Isabella County Board of Commissioners to award a contract for goods or services specified herein.

## **2.11 Rejection of Bids**

The County reserves the right at its sole discretion to reject any and all bids received without penalty and to not issue a contract as a result of this RFB.

## **2.12 Failure to Comply**

The Respondent is specifically notified that failure to comply with any part of the RFB may result in rejection of the bid as non-responsive.

## **2.13 Commitment of Funds**

The Board of Commissioners or its delegate(s) are the only individuals who may legally commit the County to the expenditures of funds for a contract resulting from this RFB. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

## **2.14 Signatures**

The Letter of Submittal and the Certifications and Assurances form must be signed and dated by a person authorized to legally bind the Respondent to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

### **2.15 Iran Linked Business**

The Respondent must certify to the County that neither it nor any of its successors, parent companies, subsidiaries, or companies under common ownership or control of the Contractor, are an “Iran linked business” engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of the Iran Economic Sanctions Act, Michigan Public Act 517 of 2012 (MCL 129.311 et seq.). The Respondent shall not become an “Iran linked business” during the term of the contract.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS OF INVESTIGATION AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

### **2.16 Fair Employment Practices**

In accordance with the United States Constitution and all federal legislation and regulations governing fair employment practices and equal employment opportunity, including but not limited to Title VI of the Civil Rights Act of 1964 (P.L. 88-352, 78 STAT. 252), and United States Department of Justice Regulations (28 C.F.R. Part 42) issued pursuant to the Title, and in accordance with the Michigan Constitution and all state laws and regulations governing fair employment opportunity, including but not limited to the Michigan Civil Rights Act (P.A. 1976 No. 453) and the Michigan Handicappers Civil Rights Act (P.A. 1976 No. 220) the Contractor agrees that he will not discriminate against any person, employee, consultant or applicant for employment with respect to his or her hire, tenure, terms, conditions or privileges of employment or hire because of his or her religion, race, color, national origin, age, sex, height, weight, marital status, or handicap that is unrelated to the individual’s ability to perform the duties of a particular job or position. The Contractor recognizes the right of the United States and the State of Michigan to seek judicial enforcement of the foregoing covenants against discrimination against itself or its subcontractors.

## **III. BID CONTENT**

Bids must be submitted on eight and one-half by eleven (8½ x 11) inch paper, typed in Times New Roman twelve (12) point font, and separated into seven (7) major sections. The seven (7) major sections shall include:

1. Letter of submittal, including signed Certification and Assurances (Exhibit A of this RFB)
2. Checklist for Responsiveness (Exhibit B of this RFB)
3. Isabella County Water Supply System No. 1 (Lake Isabella): Wells #1 and #2 Pump Repair Bid, including Detailed Cost Bid (Exhibit E)
4. Certificate of Compliance with Public Act 517 of 2012 (Exhibit C of this RFB)
5. Request for Taxpayer Identification Number and Certification (IRS Form W-9)



6. References (at least three (3) of similar size and complexity)
7. Bid Bond, if required

Bids must provide information in the same order as presented in this document with the same headings. This will not only be helpful to the evaluators of the bid, but should assist the Respondent in preparing a thorough response.

### **3.1 Letter of Submittal**

The Letter of Submittal, the attached Certifications and Assurances form (See Exhibit A), and all RFB amendments must be signed and dated by a person authorized to legally bind the Respondent to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship or the designee. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Respondent and any proposed subcontractors:

1. Names, addresses, telephone numbers, e-mail addresses, and fax numbers of legal entity or individual with whom contract would be written.
2. Name, address, and telephone number of each principal officer(s) (President, Vice President, and Treasurer, etc.).
3. Legal status of the Respondent (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
4. Federal Employer Tax Identification number.
5. Location of the firm/office from which the Respondent would operate.
6. Identify any Isabella County employees or former County employees employed or on the firm's governing board as of the date of the bid submittal. Include their position and responsibilities within the Respondent's organization. If following a review of this information, it is determined by the County that a conflict of interest exists, the Respondent may be disqualified from further consideration for the award of a contract.
7. An expression of the firm's capabilities and experience for providing the goods and/or services solicited including a brief statement of the Bidder's understanding of the work to be done and no less than three (3) municipal references that demonstrate the firm's pertinent competencies.
8. A work plan to include time estimates for product or service delivery.

### **3.2 Specifications**

**Firms submitting bids shall:**

1. Be authorized to do business in the State of Michigan.
2. Have a favorable business reputation.
3. Have a sound financial condition.
4. Possess and demonstrate the ability and capability to fully provide the goods or execute the services herein solicited.

The firm selected will be an independent contractor and not an agent of the County. The contractor will be the sole employer of all persons used in the provision of goods and/or services solicited and will accept full responsibility for all lost or damaged property and injury to persons resulting from the

execution of the contract, as well as for any claims made by or on behalf of the contractor's agents, servants, and employees arising out of their employment or work pertaining to the operation of the contract.

The County reserves the right to reject any or all bids or to waive any irregularities in bids.

### **3.3 References**

List names, addresses, telephone numbers, e-mail addresses, fax numbers, and website addresses of at least three references for whom similar work for a municipality has been accomplished and briefly describe the type of goods and services provided. The Respondent must grant permission to the County to contact the references. Do not include current Isabella County staff as references.

### **3.4 Related Information**

1. If the Respondent or any subcontractor contracted with Isabella County during the past twenty-four (24) months, provide a project description and/or other information available to identify the contract.
2. If the Respondent's staff or subcontractor's staff was an employee of Isabella County during the past twenty-four (24) months, or is currently an Isabella County employee, identify the individual by name, the department previously or currently employed by, job title or position held and separation date.
3. If the Respondent has had a contract terminated for default in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance was either (a) not litigated due to inaction on the part of the Bidder, or (b) litigated and such litigation determined that the Bidder was in default.
4. Submit full details of the terms for default including the other party's name, address, and phone number. Present the Respondent's position on the matter. The County will evaluate the facts and may, at its sole discretion, reject the bid on the grounds of the past experience. If no such termination for default has been experienced by the Respondent in the past five years, so indicate.

### **3.5 Cost Proposal**

The evaluation process is designed to award this procurement not necessarily to the Respondent of least cost, but rather to the Respondent whose bid best meets the requirements of the RFB.

Identify all costs including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The Respondent is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract.

Costs for subcontractors are to be broken out separately.

### **3.6 Bonding Requirements**

According to Michigan Public Act 213 of 1963, any contract exceeding \$50,000 for the construction, alteration, or repair or any public building or public work or improvement, a contractor shall furnish a Bid Bond when construction or other project bids exceed \$50,000.

**Bid Bond** – Each bid must be accompanied by a bid guarantee in an amount equal to five percent (5%) of the total bid amount. Guarantee shall be in the form of a bid bond executed by an approved surety company, made payable to the County of Isabella. Bid guarantee shall run for a period of not less than ninety (90) days and shall be maintained during the period of time under contract for this procurement. If the successful bidder fails to furnish satisfactory Performance and Payment Bonds and insurance certificates within ten (10) business days after receipt of notice of award, such guarantee shall be forfeited to the County as liquidated damages.

**Performance Bond** – The successful bidder shall procure and maintain during the period of time under contract for this procurement, a Performance Bond to secure the faithful and complete performance of the contract. The Performance Bond shall be in an amount equal to 100% of the contract amount. The successful bidder shall furnish a satisfactory Performance Bond to Isabella County within ten (10) business days after receipt of notice of award.

**Labor and Material Bond/Payment Bond** – If not part of the Performance Bond, the successful bidder shall procure and maintain during the period of time under contract for this procurement, a Labor of Material Bond/Payment Bond, to secure payment by the contractor of all sum's due subcontractors, suppliers, laborers, workers and material providers. The bond shall be in an amount equal to 100% of the contract amount. The successful bidder shall furnish a satisfactory Labor and material Bond/Payment Bond to Isabella County within ten (10) business days after receipt of notice of award.

#### **IV. EVALUATION AND CONTRACT AWARD**

##### **4.1 Evaluation Procedure**

This document is a Request for Bid; however, the lowest bid will not guarantee an award. Bids will also be evaluated based on qualifications, experience, timeliness, competence, demonstrated responsiveness to client needs and what is determined by the Isabella County Board of Commissioners to be the best solution for the County.

The County may select a limited number of Respondents with whom to schedule interviews. Recommendation for a selection will be made to the Isabella County Board of Commissioners and final approval lies with the Commission.

Responsive bids will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. All bids received by the stated deadline will be reviewed by the Administrator/Controller's Office to ensure that Respondents meet all minimum requirements.

Respondents that fail to meet stated qualifications or any bid that does not contain all of the required information will be rejected as non-responsive.

## **EXHIBIT A CERTIFICATIONS AND ASSURANCES**

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID  
FAILURE TO SUBMIT THIS COMPLETED FORM MAY  
RESULT IN DISQUALIFICATION

Firm Name: \_\_\_\_\_

I/we make the following statement of assurances as a required element of the bid to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. The prices and/or data have been determined independently, without consultation, communication, or agreement with other proposers for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single bid.
2. The attached bid is a firm offer for a period of one hundred twenty (120) days following receipt, and it may be accepted by Isabella County without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the one hundred twenty (120) day period.
3. In preparing this bid, I/we have not been assisted by any current or former employee of Isabella County whose duties relate (or did relate) to this bid or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this bid. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
4. I/we understand that Isabella County will not reimburse me/us for any costs incurred in the preparation of this bid. All bids become the property of Isabella County, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this bid.
5. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the bidder and will not knowingly be disclosed by him/her prior to opening, in the case of a bid directly or indirectly to any other bidder or to any competitor.
6. No attempt has been made or will be made by the bidder to induce any other person or firm to submit or not to submit a bid for the purpose of restricting competition.
7. I/we agree that submission of the attached bid constitutes acceptance of the solicitation contents.
8. I/we acknowledge communication of any kind regarding my/our bid directed to parties other than the County Administrator/Controller may result in my/our disqualification.
9. I/we warrant that no conflict of interest knowingly exists for any member of the project team that contributed to this bid or prospective contract.
10. I/we acknowledge that I/we shall not commence work until I/we have obtained the insurance required in items 11-18. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan and is placed with insurance companies acceptable to Isabella County.

11. I/we certify that I/we shall procure and maintain Workers' Compensation Insurance, including Employer's Liability Coverage, in accordance with all applicable statutes of the State of Michigan during the duration of this prospective contract.
12. I/we certify that I/we shall procure and maintain Professional Liability Insurance (errors and omissions) with limits of liability of not less than \$1,000,000 per claim and aggregate during the duration of, and a minimum of three (3) years beyond the completion of, this proposed contract.
13. I/we certify that I/we shall procure and maintain Comprehensive General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, covering Personal Injury, Bodily Injury and Property Damage during the duration of this prospective contract.
14. I/we certify that I/we shall procure and maintain Motor Vehicle Liability Insurance, including applicable Michigan No-Fault coverages, with limits of liability not less than \$1,000,000 per occurrence combined single limit for Personal Injury, Bodily Injury and Property Damage during the duration of this prospective contract.
15. I/we certify that the General Liability Insurance and the Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following shall be "Additional Insureds": Isabella County, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, including employees and volunteers thereof during the duration of this prospective contract. It is understood and agreed by naming Isabella County as additional insured, coverage afforded is considered to be primary and any other insurance Isabella County may have in effect shall be considered secondary and/or excess.
16. I/we certify that all policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Ten (10) days for non-payment of premium, shall be sent to: Isabella County Administrator/Controller's Office, 200 N. Main Street, Suite 205, Mt. Pleasant, MI 48858.
17. I/we certify that if any of the above coverages expire during the term of the contract, I/we shall deliver renewal certificates and/or policies to Isabella County at least Ten (10) days prior to the expiration date.
18. I/we certify that I/we shall provide Isabella County at the time of execution of the contracts, a copy of Certificates of Insurance as well as required endorsements for all coverage listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**EXHIBIT B**  
**CHECKLIST FOR RESPONSIVENESS**

\_\_\_\_\_ Bid was submitted on or before\_\_\_\_\_.

\_\_\_\_\_ Required number of bid copies were submitted.

\_\_\_\_\_ Bid was formatted into seven major sections: Letter of Submittal, including signed Certifications and Assurances; Checklist for Responsiveness; Detailed Bid; Certificate of Compliance with Public Act 517 of 2012; Request for Taxpayer Identification Number and Certification; References; and Bid Bond, if required.

\_\_\_\_\_ Respondent meets the following qualifications:

1. Licensed to do business in the State of Michigan.
2. Will comply with the Certifications and Assurances set forth in Exhibit A.
3. Submit bid as specified in this RFB.

\_\_\_\_\_ Letter of Submittal and Certifications and Assurances were signed by an individual authorized to bind the Bidder to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the sole proprietor of a sole proprietorship.

\_\_\_\_\_ At least three (3) references from three (3) clients have been provided.

\_\_\_\_\_ Bid Bond for 5% of bid amount, if required.

**\*\* PLEASE NOTE:** Respondent is required to complete this checklist and include it with their bid. “Yes” answers must be given to each element above for the bid to be considered responsive.

**EXHIBIT C**  
**CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 517 OF 2012**

I certify that neither \_\_\_\_\_ (Company), nor any of its successors, parent companies, subsidiaries, or companies under common control, are an “Iran linked business” engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. In the event it is awarded a Contract as a result of this Request for Bids, Company will not become an “Iran linked business” during the course of performing the work under the Contract.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

\_\_\_\_\_  
(Name of Company)

By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed to and sworn before me,  
a Notary Public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Notary Public  
\_\_\_\_\_ County, State of \_\_\_\_\_  
Acting in \_\_\_\_\_ County, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	2 Business name/disregarded entity name, if different from above										
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 20%;">Individual/sole proprietor or single-member LLC</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 20%;">C Corporation</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 20%;">S Corporation</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 20%;">Partnership</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 20%;">Trust/estate</td> </tr> </table> <p style="margin-top: 5px;">Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>	<input type="checkbox"/>	Individual/sole proprietor or single-member LLC	<input type="checkbox"/>	C Corporation	<input type="checkbox"/>	S Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust/estate
<input type="checkbox"/>	Individual/sole proprietor or single-member LLC	<input type="checkbox"/>	C Corporation	<input type="checkbox"/>	S Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust/estate		
Other (see instructions) ▶ _____	<b>Municipality</b>	(Applies to accounts maintained outside the U.S.)									
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)									

City, state, and ZIP code

7 List account number(s) here (optional)

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### Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

- -

**OR**

Employer identification number

--	--	--	--	--	--	--	--	--	--

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other

amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)



- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# EXHIBIT D

## PEERLESS MIDWEST!

505 Apple Tree Drive/ Ionia, Michigan 488461616.527.0050 | Fax 616.527.5508

### WELL & PUMP SERVICE INSPECTION REPORT

**Owner** Lake Isabella Property Owner's Assn City Weidman State MI

Location 1096 Queens Way Drive, West Side of Lake, N 43.651475 W 085.009427

Well No. #1 Date Drilled 1972 Dia. 12" Depth 180' Type Well Tubular

Screen ID. 12" Tele. Screen Length 20' Depth to Top of Screen 160' Type Screen SSWW

Dates of Cleaning \_\_\_\_\_

Office# 988-772-0911 ext#222

Phone \_\_\_\_\_ Cell # 989-289-3857 Person to Contact Tim Warner

	DATE	STATIC	G.P.M.	PUMPING LEVEL	PRESSURE	SPECIFIC CAPACITY
	1972	18'	600	62'	-	13.6
ORIGINAL						
AFTER LAST CLEANING						
	2020	13'	527	64'	50#	10.3
AFTER LAST TEST						
	2021	15'	500	61'	67#	10.9
AT PUMP'S RATED FLOW						
	2021	15'	532	65'	50#	10.6
AT SYSTEM OPERATING PSI						

Test Completed Through Meter - Flange or Thread Size 6" P.E. Confined Space Entry? No

Motor HP 40 Make \_\_\_\_\_ U.S. \_\_\_\_\_ Volts 230/460 RPM 1780 Phase 3

Gear Drive None HP - Ratio - RPM Meter Required No

Pump Mfg. Johnston Serial No. CF22508 Airline Length 105'

Rated Capacity: 500 GPM 240' TDH ..... Operating Pressure 40#-60#

Total Setting 112.60' Size of Packing 3/8" Date Installed \_\_\_\_\_

Dates of Overhaul 2001, 2012(motor)

**THE FOLLOWING IS TO BE PERFORMED DURING EACH INSPECTION**

Is Check Valve Leaking? ...No Change Motor Oil & Grease YES Repack Pump YES Grease Pump YES Pump

is Presently Developing 532 GPM 180' TDH Projected Curve Capacity 500 GPM 216' TOH Shut

Off Pressure 122 PSI Rated Shut Off Head 337 ft. Calculated Shut Off Head 296.82 ft. **Electrical**

**Data (with Pump in Operation):** 483/489/489 V 38 / 40 / 38 Amps 50 Full Load Amps

Location of Power Lines Underground Can Electrical Box be Locked Out? \_\_\_\_\_

Distance from Top of pump pedestal to grade 2' Materials Needed to Clean Well Turn pump, 2 hoses to

tank, 40' to waste, 6" flange on head.

Need a Smeal to Raise Pump ? Yes Remarks \_\_\_\_\_

Maintenance: 6" uniflange needed for blowoff, 20'-30' hose.

Inspected By Fred Vandersand

Date Inspected August 20, 2021

# EXHIBIT D

## PEERLESS MIDWEST!

505 Apple Tree Drive/ Ionia, Michigan 488461616.527.0050 | Fax 616.527.5508

### WELL & PUMP SERVICE INSPECTION REPORT

Owner Lake Isabella Property Owner's Assn. City Weidman State MI

Location 1096 Queens Way Drive, West Side of Lake, N43.653525 W085.009419

Well No. #2 Date Drilled 1973 Dia. 12" Depth 175' Type Well Tubular

Screen ID. 12" Tele Screen Length 10' Depth to Top of Screen 165' Type Screen SSWW

Dates of Cleaning 2000

Office# 989-772-0911 ext #222

Phone Cell# 989-289-3857 Person to Contact Tim Warner

	DATE	STATIC	G.P.M.	PUMPING LEVEL	PRESSURE	SPECIFIC CAPACITY
<b>ORIGINAL</b>	1973	10'	380	110'	-	3.8
<b>AFTER LAST CLEANING</b>	2000	15.5'	252	91'	60#	3.3
<b>AFTER LAST TEST</b>	2020	6'	242	80'	50#	3.3
<b>AT PUMP'S RATED FLOW</b>	2021	5'	300	99'	10#	3.2
<b>AT SYSTEM OPERATING PSI</b>	2021	5'	242	86'	50#	3.0

Test Completed Through Meter  Flange or Thread Size 4" p E. Confined Space Entry? No

Motor HP 25 Make U.S. Volts 230/460 RPM 1765 Phase 3

Gear Drive None HP - Ratio - RPM Meter Required No

Pump Mfg Johnston Serial No. CF22759 Airline Length 132'

Rated Capacity: 300 GPM 225' TDH 1 Operating Pressure 40#-60#

Total Setting 140.25' Size of Packing 3/8" Date Installed \_\_\_\_\_

Dates of Overhaul 2000, 2012(motor), 2013

**THE FOLLOWING IS TO BE PERFORMED DURING EACH INSPECTION**

Is Check Valve Leaking? No Change Motor Oil & Grease \_\_\_\_\_ Repack Pump \_\_\_\_\_ Grease Pump Yes

**Pump is Presently Developing** 242 GPM 202 TDH **Projected Curve Capacity** 300 GPM 122' TDH

Shut Off Pressure 128 PSI Rated Shut Off Head 333 ft. Calculated Shut Off Head 300' ft. Electrical

Data (With Pump in Operation) 483/489/489 V 38 / 40 / 38 Amps 31.7 Full Load Amps Location of

Power Lines Underground Can Electrical Box be Locked Out? Yes

Distance from Top of pump pedestal to grade 20" Materials Needed to Clean Well Turn pump, 6" discharge, 2 hoses to tank, 2 hoses to waste.

Need a Smeal to Raise Pump Yes Remarks \_\_\_\_\_

Maintenance: 4" uniflange, need 4x6 flange reducer, 20' of hose, 6" orifice,

Inspected By Fred Vanderzand

Date Inspected August 20, 2021

# EXHIBIT E

## PART I – GENERAL

### 5.1 SCOPE

This specification covers the complete overhaul of the Well No. 2 vertical turbine pump, pump reinstallation and start-up.

### 5.1 WORK INCLUDED

- a. Removal of pump motor
- b. Removal of pump discharge head
- c. Removal of all column assembly (column, lineshaft, bearing retainers, etc.)
- d. Removal of pump bowl
- e. Removal of suction pipe
- f. Complete inspection report of above-mentioned materials with photo documentation
- g. Replace all parts new from the head down
- h. All shafts, sleeves, couplings and bearing retainers to be stainless steel (SS).
- i. Pump bowl shall be replaced with a National Brand 8 stage M8MC bowl rate 300 gpm @ 232' TDH for Well #2.
- j. Reinstallation, chlorination, start-up and testing of pump
- k. The 25 HP & 40 HP vertical hollow shaft motors shall be torn down, inspected, replace upper and lower bearings, check machine fits, surge test, insulate and bake windings, dynamic balance, reassemble and tested.
- l. Contractor to be available 24 hours/ 7 days a week while Pump #2 Repair is on-going. Please provide a contingency Plan if Pump #1 fails with a cost estimate, to be **separate** from the Pump #2 Repair Bid and vice-versa for Well #1 Repair.

### 5.2 SUBMITTALS

- a. State of Michigan Experience Modification Rate (EMR) (safety ratings)
- b. Insurance Certificate naming the Isabella County Drain Commission
- c. List of repairs needing approval for pump overhaul

### 5.3 TIME OF COMPLETION

- a. Contractor shall complete the entire project within 14 business days of the contract award including two clean bacteriological samples upon completion of the work.

## PART II – EXECUTION

### 6.1 SITE AND SITE SAFETY

- a. Working hours at the site shall be from 7:00 a.m. to 5:00 p.m.
- b. The site shall be maintained as existing prior to any work. Contractor is responsible for any and all site restoration including any and all damages. This includes flooding as a result of well cleaning and water discharge.
- c. All necessary safety precautions shall be taken to avoid accidents with equipment, overhead lines, and falls. Appropriate Personal Protective Equipment shall be worn at the site.

### 6.2 SET OVERHAULED PUMP, CHLORINATE WELL, START-UP AND TEST

- a. Contractor shall set repaired pump back in the well and connect to discharge piping as existing prior to the repair.
- b. The well shall be chlorinated with a cleaning tank and 2,000 gallons of a 200-ppm free chlorine solution shall be pumped into the well by the pump on the cleaning tank. Chlorine shall be given 24 hours of contact time.
- c. Contractor shall pump off the well until free and clear of chlorine. The contractor shall collect the first bacteriological sample in the presence of the owner.

The owner will take custody of and transport the samples to a state certified lab of their choice. Twenty-four hours after the first bacteriological sample is collected, the owner will then collect a second sample and transport it to a state certified lab of their choice. The owner will pay for the cost of the bacti samples. The cleaning process is invasive and good bacti results may not Isabella

be obtained on the first attempt. Any additional sample costs or re-chlorination will be the responsibility of the owner, samples must still be collected in the owner's presence and submitted to the owner for transport to the lab at their discretion.

d. The general contractor shall provide all field labor and equipment to conduct a final step drawdown test.

e. The well shall be test pumped using a magnetic flow meter, an orifice, or propeller meter after the pump has been reinstalled. Pre and post measurements will be performed using the same procedures with the same device to ensure consistency of testing.

f. A five-step test shall be run for a minimum of 10 minutes per step at the same steps run in the pre-cleaning test and pumping level and pressure recorded at not less than 5-minute intervals, including the pumps rated flow and the pumps maximum flow to open discharge for comparison. All results shall be provided to the owner in the final written report.

g. Contractor should record the running volts and amps on all three legs of the motor for each step at not less than 5-minute intervals.

h. Upon completion of replacement, the pump and motor is to perform at the original manufacturers specifications.

### 6.3 COORDINATION

The contractor shall keep the Isabella County representative informed of the project status and provide a schedule of completion. Extra payment will not be allowed for any delays resulting from actions or caused by any other subcontractor or supplier.

### 6.4 FINAL CLEANUP, INSPECTION & REPORT

Prior to final acceptance, the contractor shall cleanup the construction area. The site shall be left neat and clean in condition acceptable to the owner. A final written report documenting all work completed, step test data, wire to water efficiency pre and post repair of the pump, complete pump installation report documenting the setting and all aspects of the pumps construction (lengths, diameter, shaft sizes, etc.) and a two (2) year written warranty of all work for parts and labor.

**PART III - PROPOSAL**

**7.1 CONTRACTOR SUBMITTAL:**

I have read and understand the overview, instructions and the specifications contained in this packet. The proposal that is represented herein complies in all respects to the conditions and instructions contained therein.

Signature: \_\_\_\_\_

Name: (print) \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Number of years in business under CompanyName \_\_\_\_\_

Date: \_\_\_\_\_

**7.2 REFERENCES**

Contractor shall provide at least 3 different references of successful vertical turbine pump overhaul projects in the State of Michigan for Municipal Type I Systems in the past 5 years. All information must be completed.

1. \_\_\_\_\_

\_\_\_\_\_  
Reference Name /Employer /Phone Number/Project Name/Well Size & Pump Rating/Date of Completion

2. \_\_\_\_\_

\_\_\_\_\_  
Reference Name /Employer /Phone Number/Project Name/Well Size & Pump Rating/Date of Completion

3. \_\_\_\_\_

\_\_\_\_\_  
Reference Name /Employer /Phone Number/Project Name/Well Size & Pump Rating/Date of Completion

### 7.3 PRICE BREAKDOWN FOR PUMP #1 OVERHAUL

Contractor will complete the work in accordance with the specifications for the following price(s)

No.	Description	Qty	Unit Price/	Total Price
1.	Labor to mobilize, run a pump and well efficiency test, pull pump, demobilize	1	LS	
2.	Disassemble pump bowls, clean column and shafting for inspection; clean and paint head	1	LS	
3.	Shop and machine labor to build pump (hours)		\$ /Hr.	
4.	Stuffing box bearing replacement - 1" Bronze	1	LS	
5.	6" x 5' Sch 40 Top Column Assembly T&C, SS bearing retainer, rubber bearing,	1	LS	
6.	6" x 10' Sch 40 Intermediate Column Assembly T&C, SS bearing retainer, rubber bearing	12		
7.	6" x 5' Sch 40 Bottom Column Assembly T&C, SS bearing retainer, rubber bearing, SS Sleeve	1	LS	
8.	6" x 10' SCH 40 Suction Pipe Threaded	1	LS	
8.	1" stainless steel motor shaft with keyway and new brass adjusting nut (must be new)	1	LS	
9.	1" stainless steel head shaft	1	LS	
10.	1" x 10' SS shaft w/ SS coupling and SS Sleeve.	12		
11.	1" x 5' SS shaft w/ SS coupling and SS Sleeve	1	LS	
12.	6" cast iron combination couplings with neoprene rubber bearings	5		
13.	New National brand pump bowl complete with suction and discharge adaptors	1	LS	
14.	Fully overhaul 3 Phase, 40 HP motor complete with new upper and lower bearings	1	LS	
15.	4" Pressure gauge, 1/4" copper air line with 4" gauge and fittings, packing, slinger, grease, paint, freight on parts.	1	LS	
16.	Labor to set pump, chlorinate pump and well, run a pump and well efficiency test, take 1 bacti sample, demobilize.	1	LS	
17.	6" flange pack with bolts, nuts and gasket	1	LS	
18.	6" stainless steel cone strainer	1	LS	
<b>TOTAL BID AMOUNT FOR PUMP #1 OVERHAUL:</b>				

### 7.3 PRICE BREAKDOWN FOR PUMP #2 OVERHAUL

Contractor will complete the work in accordance with the specifications for the following price(s)

No.	Description	Qty	Unit Price/	Total Price
1.	Labor to mobilize, run a pump and well efficiency test, pull pump, demobilize	1	LS	
2.	Disassemble pump bowls, clean column and shafting for inspection; clean and paint head	1	LS	
3.	Shop and machine labor to build pump (hours)		\$ /Hr.	
4.	Stuffing box bearing replacement - 1" Bronze	1	LS	
5.	6" x 5' Sch 40 Top Column Assembly T&C, SS bearing retainer, rubber bearing,	1	LS	
6.	6" x 10' Sch 40 Intermediate Column Assembly T&C, SS bearing retainer, rubber bearing	12		
7.	6" x 5' Sch 40 Bottom Column Assembly T&C, SS bearing retainer, rubber bearing, SS Sleeve	1	LS	
8.	6" x 10' SCH 40 Suction Pipe Threaded	1	LS	
8.	1" stainless steel motor shaft with keyway and new brass adjusting nut (must be new)	1	LS	
9.	1" stainless steel head shaft	1	LS	
10.	1" x 10' SS shaft w/ SS coupling and SS Sleeve.	12		
11.	1" x 5' SS shaft w/ SS coupling and SS Sleeve	1	LS	
12.	6" cast iron combination couplings with neoprene rubber bearings	5		
13.	New National brand pump bowl complete with suction and discharge adaptors	1	LS	
14.	Fully overhaul 3 Phase, 25 HP motor complete with new upper and lower bearings	1	LS	
15.	4" Pressure gauge, 1/4" copper air line with 4" gauge and fittings, packing, slinger, grease, paint, freight on parts.	1	LS	
16.	Labor to set pump, chlorinate pump and well, run a pump and well efficiency test, take 1 bacti sample, demobilize.	1	LS	
17.	6" flange pack with bolts, nuts and gasket	1	LS	
18.	6" stainless steel cone strainer	1	LS	
<b>TOTAL BID AMOUNT FOR PUMP #2 OVERHAUL:</b>				



## ADDENDUM #1

Isabella County Water Supply No.1 (Lake Isabella):  
WELL #1 and WELL #2 Pump Repairs

The following addition is to be included with the original Isabella County Water Supply No.1 (Lake Isabella): WELL #1 and WELL #2 Pump Repairs issued on November 14, 2022:

Under Section **5.1** WORK INCLUDED

add Item **m.** Contractor to Televis Well #2 and submit a report of findings to the Owner. All cost for the televising to be included.

Cost to be Bid Item #19, for Well #2 Pump Repair, listed below.

### WELL #2 PUMP REPAIR

No.	Description	QTY.	UNIT PRICE	TOTAL PRICE
19.	TELEWISE WELL #2	1	LUMP SUM	

December 6, 2022