

Seaside Pump Station Wet Well Cleaning Project

SCOPE OF WORK

General Description:

This work requires the removal of grease and grit material from the wet well and cleaning of all interior surfaces. Attached are drawings showing the vicinity map, location of the pump station relative to the drying beds at the Regional Treatment Plant where material will be disposed of, and a drawing of the Pump Station. Entering the wet well will be necessary and it should be noted that this work is considered a "Permit Required" confined space entry requiring the contractor to provide qualified attendant and rescue personnel outside of the wet well, including the necessary confined space and rescue equipment.

Sludge Material Removal Activity:

The wet well is comprised of two wet well halves that will be isolated one at a time for the cleaning operation. At the conclusion of each work day, the isolated may or may not be put back in service. If put back in service the wet well half being worked on will be isolated the following day. Access to the wet well will be through the entryway located on the rear side of the station for all cleaning activity. It is estimated that there will be approximately 60 cubic yards of sludge, grit and grease material remaining in the wet well after it is pumped down and isolated by Agency personnel (this does not include additional water added by the Contractor to clean wet well, or to liquefy the grease/grit in the removal process). The wet well floor, walls, and metal piping and supports are to be left in a clean washed down condition and all grit and grease material is to be removed by the Contractor. The wash down can be accomplished by using water supplied by the station class B water system (non-potable through $\frac{3}{4}$ hose outlet) however, there may be some limitations on water quantity and pressure.

The material to be pumped contains a high percentage of grit and inorganic solid material such as grease, sand, rock, hair, plastics, rags, etc. The material will be disposed in the drying beds by trucking it from the station to the plant in a water tight DOT approved vehicle for hauling such material. An adequate number of drying beds for disposal purposes will be provided. Provisions shall be made by the Contractor to accommodate the large mat of rags/solids that may be encountered during this work. There is no guaranty that all solids will be in a form that can be readily pumped and there is the possibility that some portion of these solids may need to be broken down, or removed manually. All equipment used in the cleaning operation and locations of pipe runs shall be submitted by the contractor to the Agency for review and approval. The area outside of the pump station shall be left in a clean condition during this work and prior to leaving the site. Hours of operation shall be 0700 – 1700 Monday thru Friday. Working past 1700 may be allowed as the need arises.

Seaside Wet Well Cleaning Project

REQUIREMENTS & GENERAL CONDITIONS

TITLE OF WORK: SEASIDE WET WELL CLEANING PROJECT

RECEIPT AND OPENING OF BIDS:

Bids consisting of the attached; Bid Form, General Work Plan, and Safety Qualification Criteria will be received by the Owner, Seaside Regional Water Pollution Control Agency (MRWPCA), at 5 Harris Ct., Bldg D., Monterey, CA, 93940 until 2:00 p.m. local time on Wednesday, May 10, 2017. Please identify bid with Title of Work and address it to the attention of Bret Boatman, Project Manager.

CONTRACT TIME: The Contract Time is hereby established as seven (7) calendar days starting from the activity start date which is to be mutually established between the Contractor and Owner. This activity start date will be documented in writing to the Contractor at least 7 calendar days in advance of the activity start date, but in no case will the activity start date be later than June 12th and be completed no later than June 30th.

CONTRACTOR WORK HOURS: Although normal work hours are Monday through Friday from 7:00 to 5:00, the Contractor should evaluate and include in his bid any overtime hours, additional equipment, or workforce necessary to accomplish this work within the prescribed Contract Times.

MANDATORY PRE-BID SITE INSPECTION: There will be a mandatory pre-bid site walk on Thursday, May 4, 2017 at 9:00 a.m. at the Regional Treatment Plant followed by site visits. After the initial walk through, bidders may contact Bret Boatman at (831)883-6112 for additional inspections if needed but the Pre-bid inspection is mandatory

GENERAL WORK PLAN: The contractor is required to submit a General Work Plan as part of his bid. It shall provide a brief description of his cleaning methodology, the size of contractor workforce, major equipment list, the estimated production (gallons/day removal) and estimated time required to perform this work. If a General Work Plan is not submitted, or if it is deemed that the Contractor cannot accomplish this work within the Contract Time, the Owner can use this as a basis to disqualify the bid.

SAFETY QUALIFICATION CRITERIA: In accordance with Section 20162, 20783, and 20803 of the California Public Contract Code, the following safety qualification guidelines shall also be used to determine the responsible BIDDER. For a BIDDER to be considered responsible, and for the BIDDER's bid to be considered, the BIDDER shall meet the minimum Experience Modification Rate (EMR), Recordable Incident Rate (RIR), and Lost Time Incident Rate (LTIR) as shown on the attached forms (Section

00430). This requirement shall be satisfied by submitting the Safety Forms as part of the Bid and verification of the EMR, RIR, and LTIR rates shown.

GENERAL CONDITIONS: The Requirements and General Conditions contained in this document are to be incorporated into the purchase order (contract) issued for this work and by submitting a bid, each bidder is agreeing to accept these terms if awarded the contract. The Requirements and General Conditions stated herein shall prevail over the Terms and Conditions that normally accompany the purchase order, if any discrepancies are found between the two.

- A. If the Contract is awarded, the Owner will give the successful Bidder a Purchase Order within fifteen (15) calendar days after the opening of Bids. The Contractor shall submit all Insurance Certificates, Specific Site Safety Plan, (including Safety Certification) within ten (5) calendar days after the issuance of the Purchase Order and prior to starting any work.
- B. As required by §§1770 et seq. of the California Labor Code, the Contractor shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Certified Payroll will be required for all employees working on this project.
- C. The Contractor is required to submit Certificates of Insurance that shall contain, or be endorsed to contain, the provision that **“the AGENCY, its officers, officials, and employees are to be covered as additional insured’s.”** The coverage shall contain no special limitations on the scope of protection afforded to AGENCY, its officers, officials and employees. The minimum coverage required are as follows:
 - General Liability Insurance: Combined single limit of \$1,000,000 per occurrence and \$2,000,000 annual aggregate for bodily injury, personal injury, and property damage.
 - Automobile Liability Insurance: \$1,000,000 per accident for bodily injury and property damage.
 - Employer’s Liability Insurance: \$500,000 per accident for bodily injury or disease.
 - Workers’ Compensation Insurance: As required by the State of California.
- D. The Contractor shall be responsible for fulfilling the requirements of the California Construction Safety Orders in effect during this contract and in accordance with the attached Section 01950 – Safety and Health. The Contractor shall submit a copy of their company’s Specific Site Safety Plan and Safety Certification prior to starting work.
- E. The Contractor shall furnish any all, labor, services, material, tools, equipment, supplies, transportation, utilities, and all other items and facilities necessary to perform this work including air monitoring, access, and all safety related equipment. The Agency will not provide any of the above.

- F. The Contractor is responsible for paying for and obtaining the necessary Seaside Bay Unified Air Pollution Control District permits that are needed to operate equipment used for this work if any are needed.

SAFETY PROGRAM QUALIFICATION CRITERIA
Experience Modification Rate

The following information will be used to determine if you meet the minimum safety requirements for this project. To qualify, you must not have a three-year average Workers' Compensation Experience Modification Rate greater than **1.3 (130%)**. This form shall be submitted by the primary contractor AND first tier subcontractors.

Enter your Experience Modification Rate for the last three complete years (available from your insurance carrier).

20_____ EMR = _____

20_____ EMR = _____

20_____ EMR = _____

Three-Year Average = _____

Company Name _____

Contact Name _____ Telephone _____

To verify the above information, we will contact your workers' compensation insurance carrier. Please authorize your carrier to release this information. Failure to do so will result in automatic disqualification.

Workers' Compensation Insurance Company _____

Contact Person _____ Telephone _____

Do not write in this space

Qualified []

Not qualified []

EMR information verified []

SAFETY PROGRAM QUALIFICATION CRITERIA Recordable Incident Rate

The following information will be used to determine if you meet the minimum safety requirements for this project. To qualify, you must not have a three-year average Recordable Incident Rate greater than **8.1** which is the latest 3 year average of published national average rate for the construction industry (Specialty Trade Contractors) for Total Recordable Cases. Incident rate information is on your OSHA Log 300 and available from you insurance carrier. Please calculate the RIR for the last three complete years as follows. This form shall be submitted by the primary contractor AND first tier subcontractors.

$$\frac{\text{Total number of recordable incidents} \times 200,000}{\text{Total employees hours worked}} = \text{RIR}$$

Recordable incidents

Year	Number
20____	_____
20____	_____
20____	_____

Total Employee Hours Worked

Year	Hours
20____	_____
20____	_____
20____	_____

Enter your Total Recordable Incident Rate for each of the last three complete years.

20____ RIR = _____

20____ RIR = _____

20____ RIR = _____

Three-Year Average = _____

Company Name _____

Contact Name _____ Telephone _____

To verify the above information, we will contact your workers' compensation insurance carrier. Please authorize your carrier to release information on recordable incidents for the years indicated in your calculations. Failure to do so will result in automatic disqualification.

Workers' Compensation Insurance Company _____

Contact Person _____ Telephone _____

Do not write in this space

**SAFETY PROGRAM QUALIFICATION CRITERIA
Lost Time Incident Rate**

The following information will be used to determine if you meet the minimum safety requirements for this project. To qualify, you must not have a three-year average Lost Time Incident Rate greater than 3.5 which is the latest 3 year average of published national average rate for the construction industry (Specialty Trade Contractors) for Cases with Days Away from Work. Incident rate information is on your OSHA Log 300 and available from you insurance carrier. Please calculate the LTIR for the last three complete years as follows. This form shall be submitted by the primary contractor AND first tier subcontractors.

$$\frac{\text{Total number of lost-time incidents} \times 200,000}{\text{Total employees hours worked}} = \text{LTIR}$$

Lost-time Incidents		Total Employee Hours Worked	
Year	Number	Year	Hours
20____	_____	20____	_____
20____	_____	20____	_____
20____	_____	20____	_____

Enter your Lost Time Incident Rate for each of the last three complete years.

20____ LTIR = _____

20____ LTIR = _____

20____ LTIR = _____

Three-Year Average = _____

Company Name _____

Contact Name _____ Telephone _____

To verify the above information, we will contact your workers' compensation insurance carrier. Please authorize your carrier to release information on lost-time incidents for the years indicated in your calculations. Failure to do so will result in automatic disqualification.

Workers' Compensation Insurance Company _____

Contact Person _____ Telephone _____

Do not write in this space

Seaside Wet Well Cleaning Project
BID FORM

Attn: Bret Boatman
Monterey Regional Water Pollution Control Agency
Regional Treatment Facility
5 Harris Ct., Bldg. D
Monterey, California 93940

Gentlemen:

The undersigned Bidder agrees to perform all work for which a contract may be awarded to him to furnish any and all plant, labor, services, material, tools, equipment, supplies, transportation, utilities, and all other items and facilities necessary and to do everything required in the **Seaside Wet Well Cleaning Project** Scope of Work and Requirements & General Conditions.

The undersigned Bidder further proposes and agrees that, if this Bid is accepted, he will contract in the form and manner stipulated to perform all the work as required by the Owner, and complete all such work in strict conformity therewith within the time limit stated, and that he will accept as full payment therefore the prices set forth in the following bid schedule.

The attached General Work Plan and Safety Qualification Criteria (Section 430) as defined in the Requirements and General Conditions are also submitted as part of this Bid for your evaluation and it is understood that these can be used as a basis for disqualification.

BID SCHEDULE

Perform Seaside Wet Well Cleaning Work:

Bid (Price In Words): _____

Dollars

Bid Submitted on: _____

Name: _____

Company: _____

Title: _____