



INVITATION TO BID  
ITB-021-2018

Sealed bids will be accepted by the City of Lake City, Florida until **Thursday, September 6, 2018 at 11:00 a.m.** local time in the Procurement Department located on the 2<sup>nd</sup> floor of City Hall, 205 N Marion Avenue, Lake City, Florida 32055. **Any bids delivered to any other location will not be considered received by the Procurement Department.** Bids received after the above time will not be accepted under any circumstances. Any uncertainty regarding the time a bid is received will be resolved against the Bidder. Bids will not be accepted via fax. Bid opening will be promptly at **11:15 a.m.** in the City Council Chambers located on the 2<sup>nd</sup> floor of City Hall, at which time all bids will be publicly opened and read aloud for:

**WATER QUALITY SAMPLING & LAB TESTING – ANNUAL CONTRACT**

**All bid proposals which are submitted through delivery services such as Federal Express, UPS, or United States Postal Service Express Mail, must be marked on the OUTSIDE of the delivery package with the company or Bidder's name, address, phone number, bid number ITB-021-2018, bid title WATER QUALITY SAMPLING & LAB TESTING – ANNUAL CONTRACT, the date & time THURSDAY, SEPTEMBER 6, 2018 @ 11:00 AM EST. The bid proposal must be in a sealed envelope INSIDE the delivery package with the same information as listed above. All bid proposals which are hand delivered or delivered through regular mail by the United States Postal Service must have all the same information as listed above on the OUTSIDE of the sealed envelope. Failure to comply may be reason to reject the bid.**

One (1) original plus one (1) copy of your bid must be sealed and plainly marked on the outside of the envelope with the bid number, the bid name and opening date. Bids must be addressed to the following:

City of Lake City  
Procurement Department  
205 N Marion Avenue  
Lake City, Florida 32055

Bids must be completed in English language, signed with ink, in spaces provided on the enclosed bid forms and submitted in duplicate or bid will be subject to rejection.

Any deviation from the specifications must be explained in detail on sheets attached to the bid form and labeled "Clarifications and Exceptions," and each deviation must be itemized by number and must specifically refer to the applicable specification paragraph and page. Otherwise it will be considered that items offered are in strict compliance with these specifications and the successful Bidder will be held responsible for meeting the specification.

All questions must be in writing and directed to the Director of Procurement. All questions will be answered in writing. Any answers which may alter the scope of work will be answered in the form of addenda. Any and all Addenda must be signed and returned with the original response to be considered responsive. Deadline for receiving questions is **Wednesday August 29, 2018 at 4:00 P.M.** Questions received after this date and time will not be considered. Questions may be submitted via e-mail to [procurement@lcfla.com](mailto:procurement@lcfla.com) or by mail to City of Lake City, Procurement Department, 205 N. Marion Avenue, Lake City, FL 32055.

Bidder may not withdraw his/her bid for a period of sixty (60) days.

The City of Lake City is exempt from State Use Tax, State Retail Tax and Federal Excise Tax. The bid price must be net, exclusive of taxes. Bidder's proposal must be dated, signed by authorized representative, title, firm name, address and telephone number.

Local Vendor Preference: City of Lake City Administrative Policy #18 states that the bid of a resident of Columbia County, Florida will have a 5% preference over the bid submitted by any non-resident of Columbia County. A resident is defined as an individual whose primary residence is within Columbia County, Florida, a partnership whose principals are all residents of Columbia County, Florida, partnership or other business entity whose principal place of business is within Columbia County, Florida, or which maintains a full time business office open to the public within Columbia County, Florida. With these and other contributing factors the City Council reserves the right to award a bid or contract in the best interest of the City.

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and city holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Department or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

Any Bidder desirous of protesting a bid for any reason must file a written notice of bid protest with the City Manager's office within 72 hours following posting of notice of intended award. All protest will be in writing stating the bid being protested and the specific reason of the protest. All protest will be signed by the Protestor and include all detail for a complete and thorough review. The decision of the City Manager, after consultation with the City Attorney will be issued within five (5) working days of the receipt of the protest, unless additional time is agreed upon by all parties involved should circumstance warrant such a delay.

By submission of his/her bid, the Bidder certifies that:

A. The bid has been arrived at by the Bidder independently and has been submitted without collusion with any other vendor of materials, supplies or equipment described in the Invitation to Bid.

B. The contents of the bid have not been communicated by the Bidder, his/her employees or agents, to his/her best knowledge and belief, to any person not an employee or agent of the Bidder or his surety in any bond furnished herewith and will not be communicated to any such person prior to the official opening of the bids.

The City of Lake City reserves the right to accept or reject any/all bids and to award the contract in the best interest of the City of Lake City, Florida.

CITY OF LAKE CITY, FLORIDA

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Grayson Cason  
Interim City Manager

## TERMS AND CONDITIONS

THE CITY OF LAKE CITY WILL ACCEPT PROPOSALS FOR AN ANNUAL CONTRACT FOR WATER QUALITY SAMPLING AND LABORATORY TESTING FOR THE CITY OF LAKE CITY WASTEWATER TREATMENT PLANT, SPRAYFIELD, AND KICKLIGHTER FACILITY.

### PART I:

#### A. GENERAL:

1. The laboratory will furnish all labor and materials to field sample certain items as requested by the City. The Successful Bidder must provide all sample containers for samples collected by the City and delivered by the Bidder to the City laboratory, perform laboratory testing for all of the items identified herein and report the findings. Analytical results shall also be available on the web within a reasonable time frame, in PDF and HTML format. Bidders must demonstrate ability to provide data and applicable invoices on the web prior to bidding and all results must be available on the web for the duration of the contract and up to 6 years after expiration of said contract. Unit prices for tests are to include all labor, transportation, freight overhead, chemical, equipment, tools, capital and administrative cost.
2. Quantities of test shown on the bid form are the expected number of test required during the first year of the contract. The City reserves the right to require more or less testing at the same unit price for each item.
3. The laboratory must be available to collect samples upon notice within a three (3) hour time frame 7 days per week.

#### B. SUBMITTALS:

1. The laboratory will furnish a copy of their current certification with the Department of Health (DOH) prior to starting work. It can be submitted with your submittal but is not required.
2. Four (4) copies of all laboratory analysis will be furnished for all testing performed. Testing methods will be identified as requested by the Department of Environmental Protection (DEP) or the City.
3. Reports will be prepared to meet the requirements of Florida Administration Code (FAC) 62-550.730, reporting requirements.

C. LABORATORY QUALIFICATIONS:

The laboratory will have current certifications from the DOH in accordance with Section 403.863, Florida Statutes, and will remain current during the contract period.

D. LABORATORY REPORTS:

All laboratory results must include Department of Environmental Protection/Environmental Protection Agency (DEP/EPA) maximum contaminant levels (MCL) for each parameter tested.

E. FIELD SAMPLING AND LABORATORY TESTING:

1. When sampling monitoring wells, static water level in each well will be recorded prior to the evacuation of the well for sample collection. Measurement of water elevation will be referenced to National Geodetic Vertical Datum (NGVD) at the precision of plus or minus 0.01 feet and be reported as compared to sea level elevation. This information will be submitted with each quarter's analytical results. Wells must then be purged as required prior to sampling. Groundwater sampling results will be submitted on DEP form 62-620.910 (29Nov94 or latest revision supplied by the city), or a facsimile thereof and emailed to the City's designated representative. Compliance with groundwater standards must be determined by analysis of unfiltered samples.

Spray field monitoring wells- 10 wells/75-95 feet (well Depth)/39-76 feet (to H<sub>2</sub>O). Bio-solid site Monitoring wells-6 wells/102-160 feet (well Depth)/75-88 feet (to H<sub>2</sub>O). These are 2 inch wells at both locations. Also - Monitoring Wells at Spray field are tested quarterly, monitoring wells at the Bio-solid Site (Branford Road) are tested monthly.

2. Sampling and testing includes field sampling, sampling apparatus, decontamination procedures between sample locations, sample containers, preservation and transportation of sample to laboratory, reporting field and lab results tabulated and contaminate name, sample level and state MCL.
3. Laboratory work will be done in accordance with the requirements of DOH, DEP, National Environmental Laboratory Accreditation Conference (NELAC), National Environmental Laboratory Accreditation Program (NELAP), and FAC 62-550, Part VI analytical methods.

F. FIELD TECHNICIAN:

1. Successful Bidder to provide an in-house trained field technician/courier with appropriate equipment to perform field-testing on an as needed basis as directed by the City of Lake City. All sample cost are to include charges for trained field technician and equipment as appropriate.
2. Successful Bidder to provide insured vehicle as required for field technician to be transported to and from sampling point. Charges for said vehicle are to be included in sample cost.

G. INSURANCE:

1. Without limiting Contractor's indemnification, it is agreed that the successful Contractor will purchase at their expense and maintain in force at all times during the performance of services under this agreement the following insurance. Where specific limits are shown, it is understood that they must be the minimum acceptable limits. If successful Contractor's policy contains higher limits, the City of Lake City will be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the City naming the City of Lake City as additional insured. These certificates must provide a ten (10) calendar day notice to the City in the event of cancellation, non-renewal or a material change in the policy.
2. Statutory Workers Compensation insurance as required by the State of Florida.
3. Commercial General Liability insurance to provide coverage of not less than \$1,000,000.00 combined single limit per occurrence and annual aggregates where generally applicable and must include premises-operations, independent contractors, products/completed operations, broad form property damage, blanket contractual and personal injury endorsements.
4. Business Vehicle/Umbrella Liability insurance with a minimum limit of \$200,000 per occurrence, and \$300,000 for all claims arising out of the same incident or occurrence, for property damage and personal injury. Notice, these limits may change according to Florida law and the protections afforded to the City pursuant to sovereign immunity for liability.

H. INDEMNITY:

Successful Bidder will indemnify and hold City of Lake City harmless from any loss, cost, damage or injury sustained by any person(s) as a result of the actions of employees or officers of the Bidder, or the Bidders subcontractors or suppliers.

I. CONTRACT:

The proposal of the Successful Bidder together with the written Notice of Award, and the terms, conditions and specifications contained in the Invitation to Bid will constitute the contract. Contract term will be for one (1) year. The City reserves the right to extend the contract period for two (2) additional one (1) year periods upon mutual agreement with the Successful Bidder.

J. CANCELLATION:

The City reserves the rights to cancel any contract if in its opinion there is any failure to adequately perform the requirements of these specifications. Cancellation will be effective immediately upon written notification to the successful Bidder and such cancellation will relieve the City from any future obligations with the successful Bidder.

K. PAYMENT:

Payment will be made within thirty (30) days after receipt and acceptance of invoice.

L. REFERENCES:

Bidders must provide with their proposal substantial material for evaluating the ability of the potential Bidder to execute a project of this type. Therefore, the Bidder is required to provide a minimum of (3) three references which will be verified. The list of references must be attached with the bid proposal on the form provided within these specifications. All reference materials provided become the property of the City of Lake City and also become public record.

M. REQUIRED DOCUMENTS:

The enclosed documents must be executed and returned with bid proposal or the proposal may be considered non-responsive. (Conflict of Interest Statement, Disputes Disclosure Form, Drug Free Workplace Certificate, Non-Collusion Affidavit of Proposer, Reference, Public Entity Crime Statement and E-verify Affirmation Statement)

N. EMPLOYMENT ELIGIBILITY VERIFICATION (E-VERIFY):

1. In accordance with State of Florida, Office of the Governor, Executive Order 11-116 (superseding Executive Order 11-02; Verification of Employment Status), in the event performance of this Agreement is or will be funded using state or federal funds, the CONTRACTOR must comply with the Employment Eligibility Verification Program (“E-Verify Program”) developed by the federal government to verify the eligibility of individuals to work in the United States and 48 CFR 52.222-54 (as amended) is incorporated herein by reference. If applicable, in accordance with Subpart 22.18 of the Federal Acquisition Register, the CONTRACTOR must (1) enroll in the E-Verify Program, (2) use E-Verify to verify the employment eligibility of all new hires working in the United States, except if the CONTRACTOR is a state or local government, the CONTRACTOR may choose to verify only new hires assigned to the Agreement; (3) use E-Verify to verify the employment eligibility of all employees assigned to the Agreement; and (4) include these requirement in certain subcontracts, such as construction. Information on registration for and use of the E-Verify Program can be obtained via the internet at the Department of Homeland Security Web site: <http://www.dhs.gov/E-Verify>.

O. PUBLIC RECORD:

The Owner is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida’s public records law. Specifically, the Contractor shall:

1. Keep and maintain public records required by the public agency to perform the service.
2. Upon request from the public agency’s custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.
4. Upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the contractor or keep and maintain public records required by the public agency to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure



requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (386) 719-5826 OR (386) 719-5756, [CITYCLERK@LCFLA.COM](mailto:CITYCLERK@LCFLA.COM), CITY CLERKS OFFICE, 205 N MARION AVE., LAKE CITY, FL, 32055.**

P. ADDENDUM:

It will be the sole responsibility of the bidder to contact the Procurement Department prior to submitting a bid to determine if any addenda have been issued, to obtain such addenda and to acknowledge addenda with their bid.

Q. PROHIBITED CONTACT WITH THE CITY:

Any attempt to directly contact and influence any City Council member, advisory committee member or any City staff member associated with this project after receipt of the proposal and prior to the execution of said contract will be grounds for disqualification.

R. ADDITIONAL INFORMATION:

The City of Lake City Procurement Department reserves the right to request any additional information needed for clarification from any Bidder for evaluation purposes.

**ITEM I: SCHEDULE OF TEST – WASTEWATER TREATMENT PLANT (DEP PERMIT)**

A. DIGESTED SLUDGE:

1. Digested Sludge from the St. Margarets Street plant is to be sampled and composited by plant personnel in accordance with FAC 62-640.650(3) (a) (1). Contracted lab will collect a sub-sample and analyze for items listed in FAC 62-640.650(3) (a) 3. and Code of Federal Regulations (40 CFR) 503.8 and the *POTW Sludge Sampling and Analysis Guidance Document* (In the

cases where disagreements exists between 40 CFR 503.8 and the *POTW Sludge Sampling and Analysis Guidance Document*, the requirements in 40 CFR 503.8 will apply) quarterly in January, April, July, and October.

2. Analyze sludge before dewatering for % solids.  
Sludge Analysis

Parameters	Units
MPN (7samples)	MPN/g
Nitrogen, Sludge, Tot, Dry Wt (as N)	%
Phosphorus, Sludge, Tot, Dry Wt (as P)	%
Potassium, Sludge, Tot, Dry Wt (as K)	%
Solids, Total, Sludge, Liquid	%
PH	s.u.
Calcium Carbonate Equivalent	%
*Arsenic	Mg/kg
*Cadmium	Mg/kg
*Copper (as CU)	Mg/kg
*Lead	Mg/kg
*Mercury	Mg/kg
*Molybdenum	Mg/kg
*Nickel	Mg/kg
*Selenium	Mg/kg
*All Dry weight Sludge/Performed Quarterly	

**B. PLANT INFLUENT, EFFLUENT AND (PAR) PUBLIC ACCESS REUSE:**

1. Annual testing will occur at the same time as the third quarter monitoring well testing for the Sprayfield - Treated effluent will be sampled and analyzed for:
  - a. Primary Inorganics as listed in FAC 62-550.310 (1) (a) Table 1
  - b. Secondary drinking water standards as listed in FAC 62-550.320 Table 6
  - c. EPA method 624 and 625 Analytes
  - d. Specific Conductance (mhos)
  - e. Total Kjeldahl Nitrogen (TKN)
  - f. Total Phosphorous. (TP)
  - g. Total Organic Carbon (TOC)
  
2. Weekly – The facility shall take a 16 hour composite sample of the Influent at the monitoring location site INF1 AND final treated effluent at monitoring location site number EFA-1 for Carbonaceous Biochemical Oxygen Demand (cBOD), Total Suspended Solids (TSS) and the facility shall take a grab sample of the final treated effluent at monitoring location site number EFA-1 Fecal coliform – St Margaret’s facility.

3. Semi-Annual - The Service Zone facility shall take a grab sample at the monitoring location site of final treated effluent at monitoring location site number EFA-1 for Nitrate in January and July.
4. Bi-Weekly - The Service Zone facility shall take grab sample of the Influent at the monitoring location site INF1 AND final treated effluent at monitoring location site number EFA-1 for Carbonaceous Biochemical Oxygen Demand (cBOD), Total Suspended Solids (TSS) and the Effluent Fecal.
5. Public Access Reuse (PAR) Sampling (EFA1, EFA-3/EFB-1) - 5 to 7 Days/Week – Public Access Reuse (PAR) – The facility shall take a 16 hour composite sample of the final treated effluent at monitoring location site number EFA-1 at the St Margarets facility for Carbonaceous Biochemical Oxygen Demand (cBOD), and the facility shall take a Daily Grab sample of the final treated effluent at monitoring location site number EFB-1 for Total Suspended Solids (TSS) and at monitoring location site number EFA-3 for Fecal Coliform.
6. Monthly – Nitrogen Series and Phosphorous Monitoring – The facility shall take a 16 hour composite sample of the final treated effluent at monitoring location site number EFA-1 on a monthly basis for the following parameters: Total Kjeldahl Nitrogen (as N), Total Ammonia Nitrogen (as N), Total Organic Nitrogen (as N), Total Nitrate plus Nitrite (as N) and Total Nitrogen and Total Phosphorous (as P). The values shall be reported as the concentration in MG/L.
7. Weekly – Nitrate plus Nitrite, Total Nitrogen and Phosphorous Monitoring - The facility shall take a grab sample of the effluent discharged from the lined storage basin at the spray site at monitoring location site number EFA-2 on a weekly basis for the following parameters: Nitrate plus Nitrite (as N), Total Nitrogen and Phosphorous (as P) The values shall be reported at the concentration in MG/L. (Also see permit page 4)
8. Quarterly IPP – (Inf/Eff) Arsenic, Cadmium, Chromium, Copper, Cyanide, Lead, Mercury, Nickel, Molybdenum, Selenium, Silver, Zinc and Ammonia. (used for local parameter limit studies only)

C. ANNUAL TESTING FOR INDUSTRIAL PRETREATMENT

Annual testing for industrial pretreatment shall be conducted during the sixth month of the calendar year, and shall include the Influent (PRT-I), Effluent (PRT-E) and Residuals (PRT-R). The Influent and Effluent shall be analyzed for the following parameters: as listed on the St Margaret’s Facility’s IPP DMR. See attached document. It is important that all chemical names are listed as they are on this

Annual IPP (Industrial Pretreatment Program) DMR further all units must be reported as shown on the DMR.

**ITEM II: SCHEDULE OF TEST-EFFLUENT SPRAYFIELD (DEP PERMIT)**

**A. GROUND WATER MONITORING WELLS AND RESERVOIR -EFFLUENT MONTHLY ANALYSIS:**

1. All wells established by permit for ground water monitoring will be sampled and analyzed each calendar quarter for the following parameters. Additional samples, wells and parameters may be required based upon subsequent analyses. Spray Field monitoring wells-10 wells/75-95 feet (well depth)/39-76 feet (to H<sub>2</sub>O). Monitoring wells at the Spray Field are tested quarterly, monitoring wells at the Bio-Solid Site (Branford Road) are tested monthly.

**PARAMETERS**

Water Level Relative to NGVD	Nitrite plus Nitrate, Total (as N)
Nitrogen, Total (as N)	Solids, Total Dissolved (TDS)
Chloride (as Cl)	Arsenic, Total Recoverable
Lead, Total Recoverable	Turbidity
Coliform, Fecal	pH
Phosphate, Ortho (as PO <sub>4</sub> )	Sulfate, Total

**ITEM III: SCHEDULE OF TEST-WASTEWATER TREATMENT PLANT (EPA PERMIT)**

**A. PLANT/ EFFLUENT BY-PASS EVENTS:**

1. Plant personnel will take a daily grab sample when unpermitted discharges are made other than to the permitted discharge site. Provide unit pricing for each sample to be analyzed for the following parameters:
  - a. Biochemical Oxygen Demand (cBOD) (5 days) reported as concentrations in mg/l
  - b. TSS reported as concentrations in mg/l
  - c. pH, reported in standard units
  - d. Fecal Coliform from three locations, Upstream, Point of Spill Entry and Downstream NOTE: Influent and Raw Sewage spills must be diluted per FDEP and EPA requirements and cannot be reported as TNTC, there must be a numerical value.)

B. DIGESTED SLUDGE:

1. Sample and analyze the sludge for the 125 priority pollutants listed in 40 CFR 122, Appendix D, Tables II and III. Qualitative data for 2, 3, 7 and 8 tetrachlorodibenzo-o-dioxin, (TCDD) if reason to believe that it may be present. Sample and analysis will be in the second calendar quarter. Please see attached Pretreatment DMR.
2. Sample and perform a Toxicity Characteristic Leaching Procedure test (TCLP) in accordance with 40 CFR 261, as published on March 29, 1990, volume 55, number 61 federal register (or latest revision).
3. Sample and analyze the sludge utilizing a bench-scale test, in accordance with EPA Vector Attraction Reduction Option 2.
4. Sample and analyze the sludge before dewatering for total solids.

C. REAGENT WATER:

1. Contract lab will annually furnish containers and sample reagent water per DOH Lab Certification Chapter DEP FAC 62-160.

D. BACKGROUND SURFACE WATER:

1. Contract lab will quarterly furnish containers and analysis for sampling surface water for total nitrogen. (7 containers).

**ITEM IV: SCHEDULE OF WASTEWATER TREATMENT PLANT, INDUSTRIAL WASTE PRE-TREATMENT PROGRAM (IWPP PERMIT)**

A. INDUSTRIAL CUSTOMERS:

1. Sample and analysis the customer effluent as listed in 40 CFR 401.16 for the following:
  - a. CBOD
  - b. TSS
  - c. pH
  - d. Oil
  - e. Grease
2. Sample and analyses for priority pollutants in accordance with 40 CFR 122 (d)
3. Sample and analysis will be in the third calendar quarter.

**ITEM V: SCHEDULE OF TEST-KICKLIGHTER RECLAMATION FACILITY (DEP PERMIT)**

**A. DIGESTED SLUDGE:**

3. Digested Sludge from the Kicklighter Reclamation Facility is to be sampled and composited by plant personnel in accordance with FAC 62-640.650(3) (a) (1). Contracted lab will collect a sub-sample and analyze for items listed in FAC 62-640.650(3) (a) 3. and Code of Federal Regulations (40 CFR) 503.8 and the *POTW Sludge Sampling and Analysis Guidance Document* (In the cases where disagreements exists between 40 CFR 503.8 and the *POTW Sludge Sampling and Analysis Guidance Document*, the requirements in 40 CFR 503.8 will apply) quarterly in January, April, July, and October.
4. Analyze sludge before dewatering for % solids.  
Sludge Analysis

Parameters	Units
MPN (7samples)	MPN/g
Nitrogen, Sludge, Tot, Dry Wt (as N)	%
Phosphorus, Sludge, Tot, Dry Wt (as P)	%
Potassium, Sludge, Tot, Dry Wt (as K)	%
Solids, Total, Sludge, Liquid	%
PH	s.u.
Calcium Carbonate Equivalent	%
*Arsenic	Mg/kg
*Cadmium	Mg/kg
*Copper (as CU)	Mg/kg
*Lead	Mg/kg
*Mercury	Mg/kg
*Molybdenum	Mg/kg
*Nickel	Mg/kg
*Selenium	Mg/kg
*All Dry weight Sludge/Performed Quarterly	

**B. PLANT INFLUENT, EFFLUENT AND (PAR) PUBLIC ACCESS REUSE:**

1. Annual testing will occur at the same time as the third quarter monitoring well testing for the Kicklighter Reclamation Facility - Treated effluent will be sampled and analyzed for:
  - a. Primary Inorganics as listed in FAC 62-550.310 (1) (a) Table 1
  - b. Secondary drinking water standards as listed in FAC 62-550.320 Table 6

- c. EPA method 624 and 625 Analytes
  - d. Specific Conductance (mhos)
  - e. Total Kjeldahl Nitrogen (TKN)
  - f. Total Phosphorous. (TP)
  - g. Total Organic Carbon (TOC)
2. Weekly – The facility shall take a 16 hour composite sample of the Influent at the monitoring location site INF1 AND final treated effluent at monitoring location site number EFA-1 for Carbonaceous Biochemical Oxygen Demand (cBOD), Total Suspended Solids (TSS) and the facility shall take a grab sample of the final treated effluent at monitoring location site number EFA-1 Fecal coliform – Kicklighter Reclamation Facility.

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PROPOSAL

**ITEM I: WASTEWATER TREATMENT PLANT (DEP PERMIT)**

**A. DIGESTED SLUDGE:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Complete set	\$ _____	4	\$ _____
2. % Solids before dewatering	\$ _____	4	\$ _____

**B. PLANT EFFLUENT/ EFFLUENT:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Annual Treated Effluent Analysis (Industrial Pretreatment)	\$ _____	1	\$ _____
2. Weekly Analysis (St. Margarets EFA-1)			
A. CBOD'S	\$ _____	52	\$ _____
B. TSS	\$ _____	52	\$ _____
C. FECAL	\$ _____	52	\$ _____
3. Semi-Annual (Service Zone EFA-1) Nitrate	\$ _____	1	\$ _____
4. Bi-Weekly Analysis (Sites INF-1 & EFA-1)			
A. CBOD'S	\$ _____	26	\$ _____
B. TSS	\$ _____	26	\$ _____
C. FECAL	\$ _____	26	\$ _____



5. Public Access Reuse (PAR) Analysis

A. CBOD	\$_____	365	\$_____
B. TSS	\$_____	365	\$_____
C. Fecal	\$_____	365	\$_____

6. Monthly  
Nitrogen series  
And phosphorous

\$_____	12	\$_____
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7. Weekly  
Nitrate plus Nitrite,  
Total Nitrogen  
And Phosphorous

\$_____	52	\$_____
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8. Quarterly IPP

\$_____	4	\$_____
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C. ANNUAL IPP ANALYSIS:

(Influent/Effluent/sludge)	\$_____	3	\$_____
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**ITEM II: SCHEDULE OF TEST-EFFLUENT SPRAYFIELD (DEP PERMIT)**

A. GROUND WATER MONITORING WELLS AND RESEVOIR –EFFLUENT QUARTERLY & MONTHLY ANALYSIS:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Quarterly (Sprayfield)	\$_____	40	\$_____
2. Monthly (Bio-Solid Site)	\$_____	72	\$_____

**ITEM III: WASTEWATER TREATMENT PLANT (EPA PERMIT)**

**A. EFFLUENT BY-PASS:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Complete Set	\$_____	9	\$_____

**B. DIGESTED SLUDGE:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. 125 Priority Pollutants	\$_____	1	\$_____
2. Toxicity Characteristic	\$_____	1	\$_____
3. Bench Scale Test	\$_____	12	\$_____
4. Total Solids	\$_____	12	\$_____

**C. REAGENT WATER:**

1. Annual Analysis	\$_____	1	\$_____
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**D. BACKGROUND SURFACE WATER:**

1. Analysis (quarterly)	\$_____	4	\$_____
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**ITEM IV: WASTEWATER TREATMENT PLANT (IWPP PERMIT)**

**A. INDUSTRIAL CUSTOMER:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Effluent	\$_____	2	\$_____
2. Pollutants	\$_____	2	\$_____

**ITEM V: KICKLIGHTER RECLAMATION FACILITY  
(DEP PERMIT)**

**A. DIGESTED SLUDGE:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Complete set	\$ _____	4	\$ _____
2. % Solids before dewatering	\$ _____	4	\$ _____

**B. PLANT EFFLUENT/ EFFLUENT:**

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Annual Treated Effluent Analysis (Industrial Pretreatment)	\$ _____	1	\$ _____
2. Weekly Analysis (Kicklighter Facility EFA-1)			
A. CBOD'S	\$ _____	52	\$ _____
B. TSS	\$ _____	52	\$ _____
C. FECAL	\$ _____	52	\$ _____

*[The remainder of this page was left blank intentionally]*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (PLEASE PRINT OR TYPE)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THIS FORM MUST BE USED FOR PROPOSAL**

REFERENCES

List three (3) client/customer references including company name, address, contact person, telephone number and length of time services provided. (Note: only list those client/customers in which a similar type of equipment/product of scope of work/service was provided.)

- 1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
- 2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_
- 3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Length of time services provided: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

**SWORN STATEMENT UNDER SECTION  
287.133(3)(n), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid No.\_\_\_\_\_.
2. This sworn statement is submitted by \_\_\_\_\_ whose business address is\_\_\_\_\_ and (if applicable) its Federal Identification No.(FEIN) is \_\_\_\_\_. If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement\_\_\_\_\_.
3. My name is \_\_\_\_\_and my relationship to the entity named above is\_\_\_\_\_.
4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to, and directly related to, the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentations.
5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes means:
  - b. A predecessor or successor of a person convicted of a public entity crime; or
  - c. an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders,

employees, members and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in neither management of the entity, nor any affiliate of the entity have been charged with or convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with, and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies)

\_\_\_\_\_ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)

\_\_\_\_\_ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative

Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)

\_\_\_\_\_The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority, \_\_\_\_\_ who after first being sworn by me, affixed his/her signature in the space provided above on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public, State at large

My Commission Expires:

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**



### CONFLICT OF INTEREST STATEMENT

STATE OF FLORIDA, CITY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn deposes and states:

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
with a local office in \_\_\_\_\_ and principal office in \_\_\_\_\_  
City & State City & State
2. The above named entity is submitting a Proposal for the City of Lake City **ITB-021-2018** described as **Water Quality Sampling & Lab Testing – Annual Contract**
3. The Affiant has made diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.
4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity’s submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.
6. Neither the entity not its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
7. Neither the entity nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity’s ownership or management is presently applying for an employee position or actively seeking an elected position with the City of Lake City.
9. I certify that no member of the entity’s ownership or management, or staff has a vested interest in any aspect of the City of lake City.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the City of Lake City.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Affiant)  
\_\_\_\_\_  
Typed Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Personally Known \_\_\_\_\_ Or produced identification \_\_\_\_\_.  
Identification type: \_\_\_\_\_  
Notary Public-State of \_\_\_\_\_  
Printed, typed, or stamped commissioned name of notary public.  
My commission expires \_\_\_\_\_.

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

**DISPUTES DISCLOSURE FORM**

**Answer the following questions by placing an “X” after “YES” or “NO”. If you answer “YES”, please explain in the space provided, or via attachment.**

Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your firm had against it or filed any request for equitable adjustment, contract claims, bid protest, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, state the nature of the request for equitable adjustment, contract claim, litigation, or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this proposal for the City of Lake City.

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed or Typed Name and Title

***THIS FORM MUST BE INCLUDED WITH PROPOSAL***

**DRUG FREE WORKPLACE CERTIFICATE**

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, \_\_\_\_\_ (print or type name of firm) publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the work place, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (\*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee’s community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

State of Florida  
County of \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
(Specify type of identification)

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**



**E-VERIFY AFFIRMATION STATEMENT**

RFP/Bid /Contract No:

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Project Description:

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Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of,

- (a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- (b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security’s E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name:

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Authorized Company Person’s Signature:

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Authorized Company Person’s Title:

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

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

# CITY OF LAKE CITY BIDDER'S CHECK LIST

**BIDS MAY NOT BE CONSIDERED** if the following documents and/or attachments are not completely filled out and submitted with your bid.

**Before sending in your bid, please make sure you have completed all of the following:**

\_\_\_\_\_ Enclose two (2) sets of the Bid form (one marked original and one copy), including all handwritten sections. Please make and retain a separate copy of this bid package for your records.

\_\_\_\_\_ Bid Form, must be complete and have a manual signature (original signature) preferably signed in blue ink.

\_\_\_\_\_ Every page that has anything hand written on it, must be imprinted with the company's name on the top right-hand corner of the page.

\_\_\_\_\_ Return bid in an envelope with the bid number and name of bid printed on the front of the envelope. If Fed-Ex or UPS, please keep bid in a separate sealed envelope when placing it in their packaging.

\_\_\_\_\_ Acknowledge in the bid any and all addendums issued and manually sign each addendum sheet and submit it with your bid.

\_\_\_\_\_ Erasures or other descriptive literature, brochures and/or data must be initialed by the person signing the bid.

### FORMS

- \_\_\_\_\_ References
- \_\_\_\_\_ Public Entity Crime Statement
- \_\_\_\_\_ Conflict of Interest
- \_\_\_\_\_ Disputes Disclosure
- \_\_\_\_\_ Drug Free Work Place
- \_\_\_\_\_ Non-Collusion Affidavit
- \_\_\_\_\_ E-verify Affirmation Statement

\_\_\_\_\_ **PLEASE INITIAL**