



December 19, 2022

To Whom It May Concern:

The City of LaGrange will receive bids until close of business on FRIDAY, JANUARY 6, 2023, for a Gas Leakage Survey for the Gas Division in accordance with the general conditions listed below. Bids should be mailed or emailed to the address below:

City of LaGrange
Attn.: Jeremy Andrews
200 Ridley Avenue
LaGrange, GA 30240
706.883.2046
jmandrews@lagrangega.org

All bids shall be free of sales and excise taxes.

The City of LaGrange reserves the right to ask any and/or each bidder to submit a list of similar jobs completed in the area, to inspect those jobs and to questions owners or other knowledgeable individuals about the quality of work or reliability of the Contractor.

The work can be done with either the methane laser technique or a gas tracker.

Bids shall be submitted on the form(s) specified in bid documents.

The successful bidder shall provide a certificate of insurance before a notice to proceed will be issued.

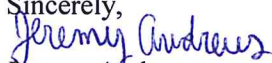
Additionally, the successful bidder must submit their Drug and Alcohol Plan ALONGSIDE THE BID. If the paperwork is not attached, the bid will be considered incomplete.

Each bidder shall examine carefully the work sites, the specifications, provisions, and contract forms before submitting a proposal. The submission of a proposal shall be considered evidence that the bidder has made such an examination and is satisfied as to the conditions to be encountered in performing the work.

The City of LaGrange reserves the right to accept or reject any and/or all bids and to accept the bid which City personnel considers the most advantageous to the City. The City further reserves the right to waive informalities and minor irregularities in all bids received in the bidding process.

All bidders shall complete and submit with any bid a notarized affidavit (forms attached) in compliance with O.C.G.A. Section 13-10-91 attesting to the Bidder's registration with the Federal work authorization program.

Questions concerning the conditions and specifications should be addressed to Jeremiah ("JP") Patrick, Gas Department at 706.883.2131.

Sincerely,

Jeremy Andrews
Procurement Officer

**CITY OF LAGRANGE - GAS DIVISION
SPECIFICATIONS FOR CAST IRON, BARE SERVICES AND CRITICAL AREAS
GAS LEAKAGE SURVEY**

1. Conduct a Flame Ionization Gas Leakage Survey of the City's Critical area via "mobile method" AND/OR "walking method" to cover approximately 57 miles of gas main and survey approximately 1237 services. The successful bidder shall also conduct a Transmission line survey of our Southern Natural transmission line and our Transco Transmission line via "mobile method" AND/OR "walking method", which consists of approximately 45 miles of main. The critical area survey shall be reported on a separate report from the Southern Natural and Transco Gas line survey.
2. Work shall be performed in compliance with all federal, state, and local safety regulations. Successful bidder shall submit to the City a copy of their Substance Abuse Policy and provide their latest statistical data sheet. Successful bidder must provide proof of compliance with the operator qualification program, Part 192 Subpart N. For natural gas projects, the Substance Abuse Policy must comply with Department of Transportation Pipeline Safety Regulations Part 191, 192, 199, and 40. The City must approve the necessary documentation before a notice to proceed will be issued.
3. The successful bidder shall supply a vehicle to transport their own personnel, tools, and equipment. A City employee will be provided as needed as a guide for the surveys.
4. The starting date of the survey shall be no later than FRIDAY, JANUARY 13.

BID PROPOSAL

HOURLY RATE \$ _____/hour

Hourly rate shall include all costs for furnishing materials, labor, equipment, and services necessary to complete work as specified.

ESTIMATED TIME FOR COMPLETION OF SURVEY IS _____ HOURS

-----OR-----

MILEAGE RATE \$ _____/mile

Mileage rate shall include all costs for furnishing materials, labor, equipment, and services necessary to complete work as specified.

GUARANTEED START AND COMPLETION DATE: _____

OTHER COMMENTS: _____

DATE, TITLE, AND SIGNATURE OF PERSON PREPARING BID:

NAME, ADDRESS, TELEPHONE AND FAX NUMBER OF BIDDING ORGANIZATION:

ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YY)

PRODUCER INSURED <p style="text-align: center;">SAMPLE - LARGE CONTRACTORS</p>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <p style="text-align: center;">INSURERS AFFORDING COVERAGE</p> INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:
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COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COM/OP AGG \$1,000,000								
OR	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000
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	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER: **CITY OF LAGRANGE** ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the CITY OF LAGRANGE, GEORGIA has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with CITY OF LAGRANGE, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the CITY OF LAGRANGE at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program* User Identification Number

Company Name

BY: Authorized Officer or Agent
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS DATE

Notary Public
My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

(End of Form)