

Escambia County

Request for Quote #ECWQL-2020\_01 Rolling Hills Vicinity

General Laboratory Analytical Services for the Escambia County Water Quality Laboratory

The Escambia County Water Quality Laboratory (ECWQL) is located at 3363 West Park Place in Pensacola, Florida. The ECWQL needs certified laboratory testing to support the Rolling Hills vicinity monitoring program. The ECWQL requires a FL certified lab that operates Monday through Friday, 8:00 AM- 5:00 PM plus can respond to emergency calls within one hour from request by the ECWQL. The scope of this work will be awarded to one lab and will not split between labs other than as a back-up lab. For questions please contact Christy Draper at Email: [cjdraper@myescambia.com](mailto:cjdraper@myescambia.com) or Call: 850-595-1873.

1. MINIMUM QUALIFICATIONS

Respondent must initial all qualifications that apply below. Failure to initial a qualification or provide requested documentation may be considered non-responsive.

- a. \_\_\_\_\_ Respondent must be located or have a local partner laboratory or service center within a 1-hour drive of the landfill sample site: Rolling Hills Landfill vicinity, in order to meet the short hold time limits of several methods required and to accommodate sampling schedules.
- b. \_\_\_\_\_ Respondent, either the individual responding to this solicitation or project manager assigned to the project, must have successfully completed at least two projects of a similar nature in the past five years. Each project shall have had a project value of at least \$40,000.
- c. \_\_\_\_\_ Respondent must have at least five years of experience performing testing services for solid waste treatment facilities.
- d. \_\_\_\_\_ Respondent shall have current National Environmental Laboratory Accreditation Program (NELAP) certification and meet all state and local government requirements to provide all the requested services and tests specified but not limited to, metals, nutrients, demands, organic extractables, general parameters 1 & 2, microbiology, pesticides/herbicides/PCBs and purgeable organics.
- e. \_\_\_\_\_ Respondent must provide copies of the most recent satisfactory NELAP or Department of Environmental Protection (DEP) / Department of Health (DOH) inspection of their facility. Any follow-up correspondence shall be included if any corrective action was required.
- f. \_\_\_\_\_ Respondent shall employ a full time Quality Control Officer who has at least two years' experience in the quality control of laboratories to ensure National Environmental Laboratory Accreditation Program (NELAP) compliance.
- g. \_\_\_\_\_ Respondent must identify all portions of the work Respondent intends to perform through subcontractors for each portion of the work (not including in-network laboratories).

Irrespective of the minimum qualifications stated above, the County may make such investigations as it deems necessary to determine the ability of the Respondent to perform the Work. The County reserves the right to reject any quote if the evidence submitted by such Respondent and/or the County's independent investigation of such Respondent fails to satisfy the County that such Respondent is properly qualified to carry out the obligations of the Agreement and complete the Work in a manner acceptable to the County within the time specified.

COST SCHEDULE

(This form to be included in quote submittal)

Quotes are due by 5:00 p.m. CST, November 15, 2019

To: Escambia County Water Quality Laboratory

In accordance with the quote for Laboratory Analytical Services for the Rolling Hills monitoring programs, subject to the terms and conditions of the Agreement, the undersigned proposes to perform the Work for the price contained in the following schedule (fill in all blanks). The quote for the Rolling Hills vicinity consist of ground water wells and surface water testing. Reports needed include a PDF and ADaPT Electronic Data Deliverable. Web based data access is also a plus.

The County expressly reserves the right to increase, decrease, or delete any class, item, or part of the Work, as may be determined by the County. The scope of work shall not exceed \$50,000 for fiscal year 2020/2021. For the Rolling Hills vicinity monitoring program, there will be monthly sampling (12 events/year): the number of ground water samples are estimated to be 2/month with 4 equipment blanks/year (1/quarter) and 1 trip blank/event (12/year) for volatiles; the number of surface water samples are estimated to be 7/month with 3 low level mercury QC samples/event (12/year) and 1 trip blank/event (12/year) for volatiles. The Cost Table quote below is based on covering the Rolling Hills vicinity sampling event monthly for calendar year 2020 including projected trip and equipment blanks. This quote may also be used for any emergency or specialty sampling needs including non-aqueous testing. Reports will consist of standard PDF reports and ADaPT electronic data deliverables to include standard batch QC. Turn-around time is 14 calendar days for standard PDF reports and 30 calendar days for ADaPT files. Any samples rendered unusable due to laboratory failure (such as but not restricted to missed hold time) will result in the contract lab re-sampling at no cost or monetary compensation for the county to perform the re-sampling.

I HEREBY ACKNOWLEDGE, as Respondent or Respondent's authorized representative that I have fully read and understand all terms and conditions as set forth in this quote and that upon award of such quote, shall fully comply with such terms and conditions.

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Date

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Respondent (firm name)

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Address

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E-mail address

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Signature

---

Telephone number

---

Typed name and title

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Fax number

**COST SCHEDULE TABLE**  
**(All costs in the Table are to be included in Quote submittal)**

**The Quote will be awarded to the Respondent with the lowest Total Quote Cost for Cost Schedule Table that can meet all minimum requirements listed and have minimal subcontracting.**

Costs shall include, but not limited to, equipment, labor, supervision, courier service, sample kits and incidentals necessary to complete all activities specified. Unit costs are required for each applicable line item. If not applicable, please enter a zero or dash on the cost line. If a line item cost is included in another unit cost, please indicate that on the cost line. Courier or shipping both ways and disposal shall be included in the unit price. There are two categories of parameters; the sub-contract and the back-up in case the ECWQL cannot support this analytical testing. All quantities are estimates only and not guaranteed.



\*While not part of the Rolling Hills vicinity scope, please indicate if non-aqueous prices differ from aqueous for any specific parameter or method in case of any specialty testing that might occur at the Rolling Hills vicinity during FY 2020/2021.

Please include a copy of the most recent NELAP certification for the state of Florida.

PROPOSED SUBCONTRACTORS

Respondent must identify all portions of the Work Respondent intends to perform through subcontractors. Do not include in-network laboratories.

1. Name and address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
Description of work: \_\_\_\_\_

\_\_\_\_\_  
Estimated value of Work: \_\_\_\_\_

2. Name and address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
Description of work: \_\_\_\_\_

\_\_\_\_\_  
Estimated value of Work: \_\_\_\_\_

3. Name and address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
Description of work: \_\_\_\_\_

\_\_\_\_\_  
Estimated value of Work: \_\_\_\_\_

4. Name and address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
Description of work: \_\_\_\_\_

\_\_\_\_\_  
Estimated value of Work: \_\_\_\_\_

5. Name and address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
Description of work: \_\_\_\_\_

\_\_\_\_\_  
Estimated value of Work: \_\_\_\_\_

(This form to be included in quote submittal)

NO RESPONSE FORM ECWQL

Quote # ECWQL-2020\_01 Rolling Hills Vicinity  
Laboratory Analytical Services for Rolling Hills Vicinity Monitoring

Your reasons for not responding to this Request for Quotes are valuable to the ECWQL procurement process. Please complete this form and return it to the Division of Purchasing no later than the date set for receipt of quotes. Thank you for your cooperation.

Please check (as applicable):

- Specifications too "general" (explain below)
- Insufficient time to respond to the Invitation for Quotes
- Do not provide this type of work for this project
- Schedule would not permit us to perform
- Unable to meet quote specifications
- Specifications unclear (explain below)
- Disagree with solicitation or Agreement terms and conditions (explain below)
- Other (specify below)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

RESPONDENT (FIRM NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ TYPED NAME AND TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_