LaCrosse Back-flow Services 2005

Scope of Services: The City of LaCrosse has backflow preventers in various locations throughout the City that require annual testing, appropriate service, and reporting of compliance to the Department of Commerce. The successful bidder will be responsible for all aspects outlined above.

Schedule of Work: The testing, repairs, and submission of reports to the Department of Commerce shall be completed on or before November 30, 2005.

Invoicing: Each facility shall be invoiced separately.

Skills and Licensing: The people performing the annual inspection, service, and reporting the results shall have current certification as a Licensed Backflow Specialist, in the State of Wisconsin.

Supplemental Services: The contractor shall provide the City with a list of recommendations to insure reliable and effective backflow prevention. Of critical concern are back-flow preventers that are oversized, require surge suppression/filters, or nearing a point of obscellescence.

Definitions of work and responsibility for work performed:

1. Repair of backflow preventer: work will include the parts and labor and travel expense to install a complete expendable parts kit, cleaning any deposits as appropriate, as well as the re-testing for certification.

2. Reporting of compliance: submitting completed inspection forms to the Department of Commerce and providing the City of LaCrosse with a copy for their files.

3. Testing the backflow preventer: work will include labor and travel expenses, the test, operating valves to insure valves seat, and opening the backflow preventer to flush debris from under a valve seat, and retesting.

4. Valve replacement: The City will replace bad isolation valves and pay the contractor for testing the unit after valve replacement.

References: Provide a list of 5 or more commercial and/or industrial references that your firm has performed this service for.

Performance Bond: The contractor shall provide a performance bond equal to twice the quoted cost of services under this contract.

Insurance

1) Contractor’s Liability Insurance
   a) The Contractor shall purchase and maintain:
      i) Workers Compensation and Employees Liability Insurance:
         (1) Limits-Wisconsin Statutory Requirements
      ii) Comprehensive General Liability and Property Damage Insurance
         (1) Including
            (a) Operations and Premises
            (b) Independent Contractor’s Protective
(c) Completed Operations and Products
(d) Contractual: including Hold-Harmless Indemnification
(e) Explosion, Collapse or Underground Damage if applicable

(2) Limits: varied per table below

iii) Comprehensive Automobile Liability and Property Damage Insurance:
    (1) Including owned, non-owned and hired vehicles
    (2) Limits varied per table below

b) This insurance shall include all operations under the Contract, whether such operations are by himself or by any subcontractor or by anyone directly or indirectly employed by any of them or by anyone for whose acts any of them may be liable.

c) Table of Minimum Limits
   i) If the Contract amount is less than $50,000.00, then the policies shall have a combined single limit of at least $500,000.00 for bodily injury and property damage per occurrence.
   ii) If the Contract amount is between $50,000.00 and $1,000,000.00, then the policies shall have a combined single limit of at least $1,000,000.00 for bodily injury and property damage per occurrence.
   iii) If the Contract amount is over $1,000,000.00, then the policies shall have a combined single limit of at least $2,000,000.00 for bodily injury and property damage per occurrence.

d) Property Insurance

If the contract includes work to buildings, structures, parking ramps, passenger shelters, lift stations, stadiums, bleachers, swimming pools, or bridges, then the contractor will provide and maintain Builders Risk Insurance coverage upon the work at the site to the full insurable value thereof. As a minimum this coverage shall insure against the perils of: fire; lightning; windstorm; hail; smoke; explosion; riot; riot attending a strike; civil commotion; aircraft and vehicle damage; falling objects damage; vandalism and malicious mischief; glass breakage; building collapse; damage due to weight or pressure of snow, ice or water on the roof; and debris removal.

e) General Insurance Conditions

The insurance required shall be written by insurance companies who are rated “B” or better in the Best’s Key Rating Guide and shall be licensed to do business in the State of Wisconsin. Certificates of Insurance naming the owner as additional insured shall be inserted with contract documents. These Certificates shall contain a provision that the insurance policies shall provide for thirty (30) days written notice prior to expiration, cancellation or material change to be sent to the LaCrosse WasteWater Utility.

f) Risk of Loss

The Contractor shall assume all risks for loss of or damages to materials whether stored on the site or elsewhere, or to tools or equipment owned or rented by the contractor, and he shall maintain such insurance, as he may deem necessary to protect himself against such loss or damage.

The undersigned agrees to provide complete backflow testing and repair services as described above to the La Crosse Wastewater Utility at the prices given below. Unit prices shown shall include all costs for all incidental work (mobilization, etc.) associated with the televising service.
Proposals must be returned by 2:00 PM, CST, *September 15, 2005* to the following address:

**Backflow Preventer Testing and Service Bid**  
LaCrosse Wastewater Treatment Plant  
905 Houska Park Dr.  
LaCrosse, WI  54601  

**Attention:** Dean Falkner

Telephone (608) 789-7323  
Fax (608) 789-7327

Questions should be directed to the Wastewater Utility Assistant Superintendent at the above number.

**2005 Water Backflow Preventer Testing and Repair Proposal.**

<table>
<thead>
<tr>
<th>Location</th>
<th>Brand</th>
<th>Size (Inch)</th>
<th>Model #</th>
<th>Cost Testing</th>
<th>Cost Repair</th>
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<td>Airport</td>
<td>Watts</td>
<td>¾</td>
<td>909</td>
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<td>2850 Airport Rd.</td>
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<td>Dave LaFond</td>
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<td></td>
<td>789.7460</td>
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<td>City Hall</td>
<td>Watts</td>
<td>4</td>
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<td>400 LaCrosse St.</td>
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<td>'789.7381</td>
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<td>2</td>
<td>009-M2</td>
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<tr>
<td>Andy Reshel</td>
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<td>Mike Pavela</td>
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<tr>
<td>Arena Boiler Room</td>
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<td>1 ¼</td>
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<td>Phone</td>
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</tbody>
</table>

**Total testing, reporting, & travel cost**

**Total for service**

**Grand Total**

(proposal selection is based on the total cost for testing plus ½ the cost of service.)
The City may not need every back-flow preventer listed to be serviced. Payment is limited to the work performed. Each department shall be invoiced individually. The City of LaCrosse reserves the right to accept or reject any of the proposals.

Hourly Rate:  Testing and reporting $___________ per hour
             Plumber $___________ per hour

Payment of service shall be on a time and materials basis, not to exceed listed price.

References

Firm Name_____________________________________
Contact________________________________________ Phone number_____________________
Services performed for customer in last 5 years:________________________________________

________________________________________________________________________________

Firm Name_____________________________________
Contact________________________________________ Phone number_____________________
Services performed for customer in last 5 years:________________________________________

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Firm Name_____________________________________
Contact________________________________________ Phone number_____________________
Services performed for customer in last 5 years:________________________________________

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Page 5
Services performed for customer in last 5 years:__________________________________________
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Firm Name_____________________________________
Contact________________________________________   Phone number_____________________

Services performed for customer in last 5 years:__________________________________________
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Firm Name_____________________________________
Contact________________________________________   Phone number_____________________

Services performed for customer in last 5 years:__________________________________________
________________________________________________________________________________
________________________________________________________________________________
Firm Name_____________________________________
Contact________________________________________   Phone number_____________________
Please attach any notations, exceptions or clarifications

Signature ____________________________ Date___________________________

Print Name & Title __________________________________________

Company Name ______________________________________________

Address ____________________________________________________

Phone Number ______________________________________________