

Copy

INVITATION TO BID



NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

Bid Title: Total Leachate Management – West Nassau Landfill	
Bid Number: NC20-019	
Requesting Department: Solid Waste	Bid Contact: Megan Diehl, Office of Management & Budget Director
Contact Address 96135 Nassau Place, Suite 2 Yulee, Florida 32097	Contact Information 904-530-6010 Email: mdiehl@nassaucountyfl.com
Bid Due Date or Closing Date/Time: Wednesday, July 15, 2020 @ 4:00 PM	Bid Opening Date/Time: Thursday July 16, 2020 @ 10:00 AM (or there soon after)
Location to Mail Bid: John A. Crawford, Ex-Officio Clerk, Robert M. Foster Justice Center, 76347 Veterans Way, Suite 456, Yulee, FL 32097	

In accordance with the intent and content of this Invitation to Bid (ITB), we the undersigned do hereby offer to perform as stipulated in this response. Failure to do so may result in the forfeiting of bid security, removal from the County's bidder list, or other remedies available to the County under the laws of the State of Florida.

Legal Name of Bidder: <i>Water Recovery LLC</i>		
Business Address: <i>1819 Albert St., Jacksonville FL 32202</i>		
Phone Number: <i>904-475-9320</i>	Fax Number: <i>904-475-9449</i>	E-Mail Address: <i>akimball@wrjax.com</i>
Vendor's Florida License Number (as applicable):		
Authorized Signature (manual): <i>Akimball</i>		Date: <i>7.10.20</i>
Printed Signature: <i>Amanda Kimball</i>		Title: <i>Asst. Gen. Mgr.</i>

General Instructions/Declarations

- Bids will be opened by a representative of the Clerk's Office at the Robert M. Foster Justice Center, 76347 Veterans Way, Second Floor, Yulee, Florida 32097, on the appropriate date and time as shown above. Bid results will be available pursuant to Fla. Stat. §119.071(b).
- Bids must be SUBMITTED ON THE FORM FURNISHED BY THE COUNTY and in accordance with specifications and list of quantities desired.
- Page One must be completed and submitted as the top sheet of your bid response.
- It is the intent and purpose of Nassau County that this Invitation to Bid promotes competitive bidding. It shall be the bidder's responsibility to advise the Contract Management Office at the address noted above, if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Invitation to Bid to a single source. Such notification must be submitted in writing and must be received by the Contract Management Office not later than seven (7) calendar days prior to the bid closing date.
- THERE WILL NOT BE A NON-MANDATORY PRE-BID CONFERENCE FOR THIS BID (see A18).**

(THIS PAGE MUST BE RETURNED WITH YOUR BID)

ATTACHMENT "B" – SPECIFICATION ACKNOWLEDGEMENT AND BID PRICE SHEET

**SPECIFICATION ACKNOWLEDGEMENT
TOTAL LEACHATE MANAGEMENT
BID NUMBER NC20-019**

Total Leachate Management				
It is the intent of the Nassau County Board of County Commissioners that these specifications describe the services of Transport, Treat, and Dispose of non-hazardous leachate water from the West Nassau Landfill. These Specifications must be considered the Minimum Requirements.				
ITEM #	DESCRIPTION	YES	NO	EXCEPTIONS Use Additional Sheet if Necessary
1	Company will have the resources available for six (6) days a week, during normal landfill operating hours.	✓		
2	Company will provide and have readily available the following resources at no additional charge:			
A.	Hoses for connecting between storage tanks	✓		
B.	Valves for all connections as required	✓		
C.	Pumps necessary to remove all leachate from any collection point to transport vehicles.	✓		
D.	4" Hose Hookups on tanker trailers	✓		
E.	Vacuum Truck	✓		
F.	A minimum of four (4) operational self-contained tank units.	✓		
3	A non-hazardous manifest will be provided for each load before removal from the West Nassau Landfill.	✓		
4	Contractor will adhere to Landfill Operation hours	✓		
5	Have the ability to dispose of at least 20,000 gallons within a twenty-four (24) hour period of notification.	✓		
6	Comply with FDOT weight limits.	✓		

QUESTIONNAIRE (USE ADDITIONAL SHEET IF NECESSARY)

Responses to the following questions will be considered in the award of the bid		
A	Where is the drop off site for non-hazardous leachate liquid removed from the West Nassau Landfill?	1819 Albert St. Jacksonville, FL 32202
B	Will a fuel surcharge be added to monthly invoicing?	no
C	Is Contractor disposal site FDEP approved?	yes

REMINDER: THIS FORM IS TO BE INCLUDED WITH THE BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.

**BID PRICE SHEET
TOTAL LEACHATE MANAGEMENT
BID NUMBER NC20-019**

ITEM NUMBER	DESCRIPTION	COST PER GALLON
1	Cost per gallon of leachate transported, treated, and disposed at Authorized facility.	\$ <u>0.0549</u>

The Undersigned, as bidder, hereby declares that the only person or persons interested in the proposal as Principal(s) is, or are, named herein and that no other person that herein mentioned has any interest in this proposal or in the contract to be entered into; that this proposal is made without connection with any other person, company, or parties making a bid or proposal, and that it is in all respect fair and in good faith, without collusion or fraud.

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.

A Kimball 7.10.20
SIGNATURE OF INDIVIDUAL SUBMITTING BID DATE

Amanda Kimball Asst. Gen. Mgr.
PRINTED NAME TITLE

COMPANY NAME: Water Recovery, LLC

ADDRESS: 1819 Albert St

CITY, STATE, ZIP: Jacksonville FL 32202

PHONE NUMBER: 904-475-9320 FAX NUMBER: 904-475-9449

EMAIL ADDRESS: AKimball @ WRivax.com

REMINDER: THIS FORM IS TO BE INCLUDED WITH THE BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.

ATTACHMENT "D"

Addenda Acknowledgment

<p>Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.</p> <p>BID NUMBER: NC20-019</p>	<p>Addendum # <u>1</u> through # <u>1</u></p> <p>Initial: <u>AK</u></p> <p>Date: <u>7.10.20</u></p>
<p>Person Completing ITB (Signature)</p> <p><u>A Kimball</u></p>	
<p>Name (Printed):</p> <p><u>Amanda Kimball</u></p>	<p>Title:</p> <p><u>ASST. Gen. Mgr.</u></p>

>>>Failure to submit this form may disqualify your response<<<

ATTACHMENT "E"

NASSAU COUNTY

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

TO BE RETURNED WITH BID

THIS 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, Proposal or Contract for Board of County Commissioners.
2. This sworn statement is submitted by Water Recovery LLC (entity submitting sworn statement), whose business address is 1819 Albert St Jacksonville FL 32209 and its Federal Employee Identification Number (FEIN) is 90-0621944. (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____).
3. My name is Jeffrey Mawlon (please print name of individual signing), and my relationship to the entity named above is Office Manager.
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, any leases for real property, or any contract for the construction or repair of a public building or public work, 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 misrepresentation.
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 or 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:
 - a) A predecessor or successor of a person convicted of a public entity crime; or
 - b) 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 to fair market value under an arm's length agreement, shall be 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 thirty-six (36) months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts 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 of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one of 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: Florida

County of: Duval

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 10 day of July, 2020.

Personally known ☒ or Produced Identification ☐

(Specify type of Identification)

Notary Public



AMANDA KIMBALL
Commission # GG 240470
Expires November 20, 2022
Bonded Thru Budget Notary Services

My commission expires

ATTACHMENT "F"

EXPERIENCE OF BIDDER

The following questionnaire shall be answered by the bidder for use in evaluating the bid to determine the lowest, responsive, and responsible bidder, meeting the required specifications.

1. **FIRM NAME:** Water Recovery, LLC
Address: 1819 Albert St
City/State/Zip: Jacksonville, FL 32202
Phone: 904-475-9320 **Fax:** 904-475-9449
Name of primary contact responsible for work performance: Eddie Maylon
Phone: 904-475-9320 **Cell Phone:** 904-364-0099 **Email:** emaylon@wrijak.com

2. **INSURANCE:**
Surety Company: Zurich American Insurance Company
Agent Company: USI Insurance Services, LLC
Agent Contact: Matt Marchisotto
Total Bonding Capacity: \$ Col Attached **Value of Work Presently Bonded:** _____

3. **EXPERIENCE:**
Years in business: 20
Years in business under this name: 20
Years performing this type of work: 20
Value of work now under contract: 6-11 million
Value of work in place last year: 4.5 million
Percentage (%) of work usually self-performed: 100% of disposal
Name of subvendors you may use: David Bouehard Trucking, C & M Nettles Trucking
Has firm: Failed to complete a contract: No
 Been involved in bankruptcy or reorganization: No
 Pending judgment claims or suits against firm: No

4. **PERSONNEL**
How many employees does your company employ:

Management	<u>3</u> Full time	_____ Part time
Site/Crew Supervisors	<u>2</u> Full time	_____ Part time
Workers/Laborers	<u>18</u> Full time	_____ Part time
Clerical	<u>2</u> Full time	_____ Part time
Other	_____ Full time	_____ Part time

5. WORK EXPERIENCE:

List your three (3) most significant commercial accounts where the contract was similar in scope and size to this bid.

Reference #1:

Company/Agency Name: Otis Road Landfill
Address: 1700 Otis RD Jacksonville, FL 32220
Contract Person: Amanda Richardson
Phone: 904-701-5982 Fax: _____ Email: amandar@jpcowell.com
Project Description: Transportation & Disposal of Landfill Leachate
Contract \$ Amount: Varies
Date Completed: Current Contract

Reference #2:

Company/Agency Name: Putnam County Sanitation
Address: 140 Landfill RD Palatka, FL 32177
Contract Person: James Robbins
Phone: 386-329-0395 Fax: _____ Email: James.robbins@putnamfl.com
Project Description: Transportation & Disposal of Landfill Leachate
Contract \$ Amount: 132,000 / annually
Date Completed: Current Contract

Reference #3:

Company/Agency Name: Nassau County Landfill
Address: 46026 Landfill RD Callahan, FL 32011
Contract Person: Becky Diden
Phone: 904-530-6702 Fax: _____ Email: bdiden@nassaucountyfl.com
Project Description: Transportation & Disposal of Landfill Leachate
Contract \$ Amount: 204,000 / annually
Date Completed: Current Contract

REMINDER:

THIS FORM IS TO BE INCLUDED WITH BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.

ATTACHMENT "G"

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that _____

Water Recovery LLC (print or type name of firm)

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance 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 workplace, 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, or 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 a drug free work place program.

Authorized Signature _____
Date Signed 7/10/20

County of: Duval

Personally known ✓ or Produced Identification _____

Notary Public



AMANDA KIMBALL
Commission # GG 240470
Expires November 20, 2022
Bonded Thru Budget Notary Services

11.20.22
My commission expires

Client#: 1722331

MORANTOW

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 261 Madison Ave New York, NY 10016 212 842-3700		CONTACT NAME: Matt Marchisotto PHONE (A/C, No, Ext): 212 878 0434 FAX (A/C, No): E-MAIL ADDRESS:															
INSURED Water Recovery, LLC 1819 Albert Street Jacksonville, FL 32202		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Markel Insurance Comp.</td> <td>38970</td> </tr> <tr> <td>INSURER B : Ironshore Specialty Insurance Co</td> <td>25445</td> </tr> <tr> <td>INSURER C : National Casualty Company</td> <td>11991</td> </tr> <tr> <td>INSURER D : Zurich American Insurance Co.</td> <td>16535</td> </tr> <tr> <td>INSURER E : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Markel Insurance Comp.	38970	INSURER B : Ironshore Specialty Insurance Co	25445	INSURER C : National Casualty Company	11991	INSURER D : Zurich American Insurance Co.	16535	INSURER E : Zurich American Insurance Company	16535	INSURER F :	
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INSURER E : Zurich American Insurance Company	16535																
INSURER F :																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RL1900142	10/01/2019	02/20/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP466909300	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			RL1900143	10/01/2019	02/20/2021	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCSIG35012101	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Prof Liability			PEC426194800	10/01/2019	02/20/2021	15,000,000
E	HNOA Phys Dam			BAP466909300	10/01/2019	10/01/2020	500,000
B	Excess Auto			004206900	10/01/2019	10/01/2020	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Hull & Machinery Policy #RH1900163 / Markel Insurance Company / NAIC 38970

Limit as per schedule

USL&H Policy #5541 / Signal Mutual Indemnity Assn Ltd / NAIC #A56517

Statutory Limits

CERTIFICATE HOLDER

CANCELLATION

For Bid Purposes Only
 Atlantic Beach F.L.
 Atlantic Beach, FL 32233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ull Scott

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