

WORK AUTHORIZATION #01
NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS

Contractor	Insituform Technologies, LLC
Agreement Number:	CM3264
Contact Name:	David Raymond
Contact Number:	904.465.3267
Email:	draymond@aegion.com

CURRENT WORK AUTHORIZATION			
Project Short Title: Amelia Island I & I CIPP Project			
		CONTRACT OVERVIEW	
Date Submitted	11/7/2022	Total of Previous Work Authorizations	\$0
Amount	\$546,093.85	This Work Authorization	\$546,093.85
Scheduled Completion	9 months	New Contract Amount including this work authorization	\$546,093.85

This Work Authorization is to the AGREEMENT between Nassau County and Insituform Technologies, LLC (“Vendor”) for Cured In Place Pipe Lining and Associated Services dated November 28, 2022. The services to be provided under this Work Authorization are as follows:

ARTICLE 1. Services Described as:

Vendor shall provide cast in place lining rehabilitation of sanitary sewer mains in the Nassau Amelia Utility collection system in accordance with the Vendor’s Proposal, a copy of which is attached hereto as Exhibit “A”.

ARTICLE 2. Time Schedule

Vendor anticipates their earliest starting date to be two (2) months from receipt of notice to proceed with an estimated duration of nine (9) months to complete the Scope of Work.

ARTICLE 3. Budget

Vendor will perform the services outlined herein for the lump sum amount of \$546,093.85. Vendor’s fee amounts are detailed further in Exhibit “A”.

ARTICLE 4. Other Provisions

The Services covered by this Work Authorization will be performed in accordance with the provisions set forth in the AGREEMENT referenced above and any of its attachments or schedules. Additional terms or contract provisions whether submitted purposely or

inadvertently, shall have no force or effect. This Work Authorization will become a part of the referenced AGREEMENT when executed by both parties.

Any Work Authorization entered into prior to expiration or termination set forth in the AGREEMENT shall continue in effect through the earlier of: (i) the date all of the Services thereunder have been fully completed and accepted by Nassau County, or (ii) until such time as such Work Authorization expires or is terminated in accordance with its terms or is terminated pursuant to Article 2 hereof.

In presenting this Work Authorization, Vendor agrees that:

Unless detailed herein, all drawings, data, electronic files and other information required for this Work Authorization has been accepted by Vendor. Specifically, all electronic files have been reviewed and accepted for the purposes of this Work assignment. Any additional information, including detailed scope of services are attached.

AGREED TO BY:

Diane Partridge

BY: _____
Print Name: Diane Partridge
Title: Contracting and Attesting officer
Date: 11/17/2022

RECOMMENDED AND APPROVED BY NASSAU COUNTY:

Department Head/Managing Agent: Marshall Eyerman 11/15/2022

Procurement: Lanace Helms 11/15/2022

Office of Management & Budget: chris lacambra 11/15/2022

County Manager: Taco E. Pope, AICP 11/15/2022
Taco E. Pope, AICP

Ex-Officio Clerk: John A. Crawford

County Attorney: Denise C. May 11/15/2022

APPROVED by the BOARD OF COUNTY COMMISSIONERS, this ____ day of _____, 2022.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA

Jeff Gray
Chairman

ACCOUNT NO.: _____



6966 Business Park Blvd
Jacksonville, FL 32256
www.insituform.com

Dave Raymond
Business Development Manager

Insituform Technologies, LLC is a subsidiary of Aegion Corporation

Phone: (904)485-3267
Fax: (904)292-3198
Email: draymond@aegion.com

EXHIBIT "A"

10-31-2022

Board of County Commissioners Nassau County
96135 Nassau Place, Suite 1
Yulee, FL 32097
(904) 530-6010
Tirbybutler@govmserv.com

Re: Cost Proposal – Nassau County – Amelia Island I&I Project CIPP Project

Teresa,

Insituform Technologies, LLC, ("ITLLC") is pleased to provide the following proposal to **Nassau County**, hereinafter referred to as "Customer", for the scope of work detailed below for the above-referenced Project. This proposal is based off the City of Daytona Beach Contract #0118-2600.

PROPOSAL PRICING

ITLLC proposes the following pricing for the scope of services described herein:

Bid Item per Docs	Description	Measure	Quantity	Bid Price	Total
A-1	CIPP Rehab. Sanitary Sewer Mains 8" diameter 6.0 mm normal thickness	LF	12,701	\$27.30	\$346,737.30
M-1	Clean & Inspection Sanitary Medium Cleaning 8" – 12" diameter	LF	12,701	\$4.00	\$50,804.00
Q-6	Lateral Cutout	EA	122	\$195.00	\$23,790.00
Q-4	Lateral Grout	EA	122	\$390.20	\$47,604.40
QQ-1	By-Pass Pumping 8" diameter	LS	51	\$317.40	\$16,187.40
TT-1	Traffic Control City Right of Way Flagman	Setup	20	\$700.00	\$14,000.00
TT-3	Traffic Control City Right of Way Barricades	Setup	51	\$264.50	\$13,489.50

TT-4	Traffic Control City Right of Way Lane Dividers	Setup	51	\$15.90	\$810.90
AAA	Mobilization	Setup	6	\$4,100.00	\$24,600.00
BBB	Bonds – 1.5%	%			\$8,070.35
	TOTAL				\$546,093.85

INSITUFORM SCOPE OF WORK / RESPONSIBILITIES

ITLLC will provide the following:

1. Mobilization and demobilization of personnel, equipment, and materials to and from the Project site. The price presented is based upon one (1) instance of mobilization and demobilization.
2. Install **polyester** resin impregnated CIPP liner in accordance with ASTM F1216 or F1743 using either water or air/pull-in/steam, at the discretion of ITLLC. We have not included any costs associated with the disposal of inversion water.
3. Internal reinstatement of all service connections as directed by the Customer or their representative.
4. CCTV inspection of the pipe before and after the lining is complete.
5. Standard ITLLC one-year warranty from date of installation, excluding any required warranty TV inspection and/or testing.
6. Standard insurance coverage with the following limits:
 - General Liability: \$2,000,000 per occurrence/\$4,000,000 aggregate
 - Auto: \$2,000,000 Combined Single Limit
 - Workers Compensation: Statutory with \$1,000,000 Employer's Liability
 - The above insurance shall not include Primary and Non-Contributory Coverage and ITLLC shall not provide a Waiver of Subrogation endorsement.

NOTE: Modifications to the Scope of Work/Responsibilities of ITLLC may result in a change in price and/or duration.

ASSUMPTIONS AND QUALIFICATIONS

ITLLC's Proposal Pricing is based upon the following assumptions and clarifications:

1. ITLLC assumes the work will be completed during dry weather conditions.
2. Quantities are estimated. Customer shall be invoiced for actual quantities at the above unit prices.
3. ITLLC is an open-shop company and shall not be subject to any union requirements or agreements and will not enter into any Project Labor Agreement or any such similar agreement for this Project. Where required by the Contract Documents, ITLLC will pay the Prevailing Wages then in effect for the Project and will submit Certified Payroll Reports in a timely manner.

EXCLUSIONS:

The following items are excluded from ITLLC's above Pricing and Scope of Services / Responsibilities stated in this Proposal. These items, if necessary, applicable or otherwise required, shall be furnished by Customer, at Customer's direction and at no cost to ITLLC or may, upon mutual agreement in writing between ITLLC and Customer, be provided by ITLLC at an additional cost:

1. Permits, licenses and construction easements.
2. Manual operation of any pumping and/or metering stations.
3. Environmental/erosion controls (i.e., hay bales, silt fence etc.) that may be required adjacent to manholes, access points and/or water supply hose.
4. Access to and use of fire hydrants and/or sufficient water supply (within 500 ft. of the installation site) to complete flushing and CIPP installation.

5. Burial and/or ramping of discharge or bypass hose/pipe.
6. External service reconnections.
7. Traffic control, including without limitation, police details, flagmen and special traffic control setups.
8. Obstruction removal (calclum, concrete, mineral deposits, roots, etc.) and/or protruding tap removal.
9. Point repairs.
10. Bypassing of services or laterals.
11. Repair of pipe damaged during any industry standard high-pressure jet cleaning operations, preparation or lining and any subsequent cleaning necessary to remove debris that has fallen into the pipe as a result of any such collapse or repair.
12. Directives setting forth which service connections must be reinstated prior to final CCTV inspection.
13. Locations of and access (of ITLLC equipment and/or personnel) to all manholes associated with the project and as required by ITLLC's work plan.
14. Equivalent pipe diameter access from the invert to the street level. This may include removal of the frame, cover and/or cone section of the liner installation manhole(s) such that the opening at the street level is no less than equivalent to the pipe diameter.
15. Payment and Performance bonds. If payment and performance bonds are required, add 2.5% to the total Project cost.
16. Removal and disposal of any hazardous or toxic materials encountered during the Project.
17. Holiday work, rush delivery or adverse weather work (as defined by ITLLC).
18. Complete independent testing of liner samples from each installation. Will be provided if required per specifications.
19. Certified Professional Engineer stamped designs. Will be provided if required in specifications.
20. State and local sales and/or use taxes.
21. Additional premiums for special insurance coverage(s) specific to this project.

GENERAL TERMS AND CONDITIONS:

1. ITLLC's Proposal is conditioned and shall adhere to the General Terms and Conditions written in the City of Daytona Beach Contract #0118-2600.

Please do not hesitate to contact me with any further questions.

Very truly yours,

Insituform Technologies, LLC.

Dave Raymond

Dave Raymond
Business Development Manager

Accepted By: _____
(signed)

(print name)

Date: _____

Title: _____



CERTIFICATE OF LIABILITY INSURANCE

7/1/2023

DATE (MM/DD/YYYY)

8/24/2022

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE: (A/C, No, Ext) E-MAIL: ADDRESS:	FAX (A/C, No):												
INSURED 1347989 Insituform Technologies, LLC 580 Goddard Avenue Chesterfield MO 63005	INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: XL Insurance America, Inc.</td> <td>NAIC # 24554</td> </tr> <tr> <td>INSURER B: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER C: ACE Fire Underwriters Insurance Company</td> <td>20702</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: XL Insurance America, Inc.	NAIC # 24554	INSURER B: ACE American Insurance Company	22667	INSURER C: ACE Fire Underwriters Insurance Company	20702	INSURER D:		INSURER E:		INSURER F:	
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INSURER B: ACE American Insurance Company	22667													
INSURER C: ACE Fire Underwriters Insurance Company	20702													
INSURER D:														
INSURER E:														
INSURER F:														

COVERAGES INSTE02 **CERTIFICATE NUMBER:** 18816952 **REVISION NUMBER:** XXXXXXXX

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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y N	CGD300084907	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input checked="" type="checkbox"/> Independent Contractor <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER		BROAD FORM PD/CONTRACTUAL			
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y N	ISA H25569878	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
B C C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	WLR C68917293 (AOS) WLR C68917335 (NJ) SCF C50728079 (WI) (EXCLUDING MONOPOLISTIC)	7/1/2022 7/1/2022 7/1/2022	7/1/2023 7/1/2023 7/1/2023	<input checked="" type="checkbox"/> PER STATUTE OTH- E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

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

Re: Amelia Island I&I Project. Board of County Commissioners Nassau County, FL are additional insureds under General Liability and Automobile Liability on a primary and non-contributory basis where required by written contract executed prior to loss, but only with respect to liability arising out of the Named Insured's operations.

CERTIFICATE HOLDER

18816952

Board of County Commissioners Nassau County, FL
 96135 Nassau Place, Suite 1
 Yulee FL 32097

CANCELLATION See Attachments

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Attachment Code: D592023 Master ID: 1347989, Certificate ID: 18816952



Board of County Commissioners Nassau County, FL
96135 Nassau Place, Suite 1
Yulee FL 32097

IMPORTANT NOTICE

To whom it may concern:

In our continued effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance going forward.

To ensure future renewals of this certificate, we need your email address. Please contact us via one of the methods below, referencing **Certificate ID 18816952**

- Email: stl-edelivery@lockton.com
- Phone: (866) 728-5657 (toll-free)

If we do not receive your email address via one of the above methods prior to the client's next renewal, we will assume you no longer need the certificate.

If you received this certificate through an internet link where the current certificate is viewable, we have your email and no further action is needed.

The above inbox is for collecting email addresses for renewal electronic certificate delivery ONLY. You will not receive a response from this inbox.

Thank you for your cooperation.

Lockton Companies

Lockton Companies
Three CityPlace Dr, Suite 900 - St Louis, MO 63141-7088
314-432-0500 lockton.com

Attachment Code: D544456 Certificate ID: 18816952

ENDORSEMENT #

This endorsement, effective 12:01 a.m., 7/1/2022, forms a part of
Policy No. CGD300084907 issued to AEGION CORPORATION
By XL Insurance America, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION NOTIFICATION TO OTHERS ENDORSEMENT

In the event coverage is cancelled for any statutorily permitted reason, other than nonpayment of premium, advanced written notice will be mailed or delivered to person(s) or entity(ies) according to the notification

Name of Person(s) or Entity(ies)	Mailing Address:	Number of Days Advanced Notice of Cancellation:
AS PER SCHEDULE ON FILE WITH THE COMPANY.		30

All other terms and conditions of the Policy remain unchanged.

Attachment Code: D543763 Certificate ID: 18816952

**NOTICE TO OTHERS ENDORSEMENT SCHEDULE
NOTICE BY INSURED'S REPRESENTATIVE**

Named Insured Aegion Corporation			
Policy Symbol ISA	Policy Number ISA H25569878	Policy Period 7/1/2022 TO 7/1/2023	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be *in addition to* our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B. The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C. We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D. We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

Authorized Representative

Attachment Code: D544740 Certificate ID: 18816952

Workers' Compensation and Employers' Liability Policy

Named Insured AEGION CORPORATION 580 Goddard Ave CHESTERFIELD MO 63005	Endorsement Number
Policy Period 7/1/2022 TO 7/1/2023	Policy Number Symbol: WLR Number: WLR C68917293 (AOS) Effective Date of Endorsement 7/1/2022
IssuedBy (Name of Insurance Company) ACE American Insurance Company	
<small>Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.</small>	

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE
NOTICE BY INSURED'S REPRESENTATIVE

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be in addition to our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B. The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C. We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D. We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

This endorsement is not applicable in the states of AZ, FL, ID, ME, NC, NJ, NM, TX and WI.

Authorized Representative



Marsh & McLennan Agency LLC
825 Maryland Centre Drive, Suite 700
St. Louis, MO 63101
+1 314 594 2700
MarshMMA.com

January 7, 2022

Re: Insituform Technologies, LLC

To Whom It May Concern:

Insituform Technologies, LLC is a valued Travelers Casualty and Surety Company of America surety customer. Travelers Casualty and Surety Company of America is one of the most financially sound insurance companies in the United States and enjoys a Best Rating of A++ with financial strength category of XV.

Due to Insituform Technologies, LLC's reputation, technical expertise, financial strength, quality equipment and experienced labor force, Marsh & McLennan Agency LLC is prepared to consider performance and payment bonds for single jobs in the \$250,000,000 range with an aggregate work program of \$700,000,000.

Should a project be awarded to and accepted by Insituform Technologies, LLC, we are prepared to consider providing the required bonds on their behalf. Any bonds are subject to acceptable review of the contract terms and conditions, bond forms, confirmation of financing, and any other underwriting considerations at the time of the request. It should be understood that any arrangement for bonds is strictly a matter between Insituform Technologies, LLC and Travelers Casualty and Surety Company of America. We assume no liability to third parties or to you if for any reason we do not execute said bonds.

Please feel free to contact me if you have any specific questions regarding Insituform Technologies, LLC or their surety bond program.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew P. Thome'.

Andrew P. Thome, CEO

Requisition Form
NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS

96135 Nassau Place Suite 1
Yulee, FL 32097

VENDOR NAME/ADDRESS
Florida Governmental Utility Authority 280 Wekiva Springs Rd Ste 2070 Longwood FL (407)629-6900

DEPARTMENT
NAU

REQUESTED BY
Daniel Fanger

VENDOR NUMBER	PROJECT NAME	FUNDING SOURCE	AMOUNT AVAILABLE	STANDARD PO OR ENCUMBER ONLY	CONTRACT NO.
		71500535-563551 WW4	\$ 624,505.30	Encumber Contract	
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT	
	CIPP Rehab, Clean & Inspect Sewer Mains	1.00	\$ 546,093.85	\$ 546,093.85	Enter additional information or details, as needed.
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
	4.3 Piggyback Contract			\$ 0.00	
	Contract #0118-2600			\$ 0.00	
	City of Daytona Beach and Insituform Technologies			\$ 0.00	
	2/6/2022-2/5/2023			\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	

ORIGINAL - FINANCE
COPY - DEPARTMENT

Shipping \$ 0.00
Total \$ 546,093.85

Department Head

I attest that, to the best of my knowledge, this requisition reflects accurate information, has been reviewed, budgeted for and follows the Nassau County Purchasing Policy.

Office of Management and Budget

I attest that, to the best of my knowledge, funds are available for payment.

Procurement Director

I attest that, to the best of my knowledge, this requisition is accurate and necessary and is consistent with the Nassau County Purchasing Policy.

County Manager

I attest that, to the best of my knowledge, the appropriate staff have reviewed and approved this Requisition and no other conditions would prevent approval.

Clerk: _____
Date: _____