

Tobyhanna Township Sewer District 1

Wastewater Pump Station Operation and Maintenance Agreement

REQUEST FOR PROPOSAL DUE MAY 10, 2018 2:00 PM EST

Introduction:

The Tobyhanna Township Board of Supervisors (Owner) seeks proposals from professional operation firms (Vendor) for the operation and maintenance of a wastewater pumping station within Tobyhanna Township Sewer District No. 1 located in Tobyhanna Township, Monroe County, Pennsylvania. Fee is to include administration, labor and transportation as needed to properly oversee, operate and maintain the above-referenced pump station (Facility).

Facility visits will be provided for a total of three times per week (Monday, Wednesday and Friday), and will include oversight, operation and maintenance of the Facility.

Staffing:

Vendor will provide skilled and qualified personnel to fulfill the duties required to effectively maintain and operate the Facility.

Scope of Duties: Vendor will be responsible for the supervision, operation and maintenance of the Facility included in this proposal to ensure proper operational performance and compliance with the rules and regulations set forth by the PADEP for this Facility, if applicable.

Specific Scope:

1. Provide Wastewater Pump Station Pennsylvania licensed operator.
2. Visit and monitor the Facility operation at a minimum of three times per week on Monday, Wednesday and Friday.
3. Record Keeping: Record flow meter reading and run-time hours for each pump.
4. Check all floats, alarms, telemetry for proper operation.
5. General housekeeping will be performed at the facility. Housekeeping is defined as removing small amounts of debris or trash that may accumulate from time to time in or around the Facility. Will periodically upkeep the inside of the Facility site to maintain a safe, clean work environment.

6. Monitor internal condition of wet well, arrange for well cleaning if necessary to prohibit buildup of grease and solids that could affect the operation of the Facility. Costs for cleaning services will be billed as an additional cost at the time of service.
7. Respond to any alarm situation related to the Facility within two (2) hours of receiving a call. Upon arrival, record the alarm event and determine necessary actions to restore the Facility to normal operation.
8. Maintain necessary records and submit a Facility status report to the Owner each month. Status Report should list all maintenance activities, pump run times, flow meter readings, chemical usage, additional services and any other notable occurrences. Upon termination of this Agreement, all related files will be submitted to the Owner for their records.
9. Vendor shall make arrangements with an emergency pump supplier to supply a mobile, gas driven pump in the event of a failure at the facility. Emergency pump will draw sewage from the wet well and discharge to a pipe connected to the force main. Emergency pump shall be capable of pumping 280 GPM at a TDH of 60 feet. Pump shall be available within two hours of notification.

Additional Services:

With approval from Owner, Vendor will provide additional services and, if performed, costs will be charged to the Owner as an extra on a time and material basis in accordance with the Schedule of Charges and Labor Rates included herein:

1. Operational "Start-Up" of Facility.
2. Provide equipment and facility maintenance repairs on an hourly rate basis that extends beyond the normal Specific Scope.
3. Any requested or required laboratory testing.
4. Any chemicals that may be required to properly pre-treat the wastewater if necessary.
5. In an emergency, Vendor will notify the Owner and take immediate action to prevent loss of life, limb, property, unlawful discharge of sewage or permit violation. In case of equipment failure, Vendor will take necessary actions to restore the system to normal operation in a minimal amount of time. Vendor will ship or deliver the damaged equipment to a factory authorized repair location or a reputable local repair shop. Upon determination of cause of failure, the unit will be re-installed when repairs are complete. Vendor will bill the Owner for labor on an hourly basis, material, expenses and handling charges that are not covered in the Specific Scope of this Agreement. All emergencies will be reported to the Owner within twenty-four (24) hours. All environmental emergencies will be reported to the PADEP within two (2) hours, as well as the Owner within twenty-four (24) hours.

Items to be Provided by the Owner:

The following items will be provided by the Owner to ensure proper operations, unless specified or agreed upon.

1. Power, road access (including snow removal), grass cutting and weed control at the Facility.
2. Costs for mechanical and replacement parts.
3. Repair of the Facility and grounds portion of the Facility.
4. Costs for equipment repairs when such service by an outside contractor is required.
5. Security and prevention, within reason, from any improper or unlawful disposal of grease, sludge, septage, wastewater or toxic chemicals to the Facility.
6. Security of the Facility itself from intruders (fence, locks, etc.) to prevent damage to any equipment or injury to an outside party.
7. Telemetry and remote monitoring/alarm equipment.

Exclusions:

Under the terms of the Agreement, the following items will be excluded due to the expense of the individual components, system limitations, or scope of responsibility.

1. Utility services (fuel, electricity, water, and generators) for normal operation.
2. Any services and/or expenses incurred to the operations of the Facility due to problems associated with or resulting from construction.

Contracted Services, Repairs and Materials:

All outside services, materials and/or equipment are to be billed directly to Owner upon receiving written approval. Vendor will not purchase or directly pay for any outside services or materials without first obtaining written approval by Owner.

Term of Agreement:

Agreement shall be for three (3) years, commencing upon the date of its execution by both parties. Either Party may terminate Agreement for cause shown by providing written notification sixty (60) days in advance indicating intent of cancellation.

Insurance Coverage:

Vendor will maintain insurance coverage in the following amounts and, upon request of the Owner, will provide a certificate of insurance attesting to the same.

- Workers Compensation Statutory
- General Liability \$1,000,000.00
- Automobile Liability \$1,000,000.00
- Pollution Liability \$1,000,000.00

Environmental Service Corporation

Bid Form:

Vendor will, during the term of this Agreement, furnish qualified personnel at the following rates to perform required services:

Monthly Rate:

For Routine operations of the Facility as described in the Specific Scope (Items No. 1 through 9, inclusive) a fee of \$ 645.00 Environmental Service Corp.

For additional services related to the Facility as described within this Agreement, labor rates will apply as listed below.

Labor Rates:

Labor will be provided for items listed outside the Specific Scope and Additional Services at the following hourly rates:

Mechanic Foreman:	\$ <u>85.00</u> /hour
Electrician:	\$ <u>85.00</u> /hour
Mechanic:	\$ <u>85.00</u> /hour
Operator	\$ <u>55.00</u> /hour
Extra Visit if requested	\$ <u>55.00</u> /flat for routine check

**DUE MAY 10, 2018
2:00 PM EST**

Your Proposal should be emailed to Mike Schober at T&M Associates at mschober@tandmassociates.com

All questions should be emailed to Mike Schober at the same email address.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2018

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 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 W.N. Tuscano Agency Inc. PO Box 1027, 950 Highland Ave. GREENSBURG PA 15601	CONTACT NAME: Kelly Kachmarsky PHONE (A/C, No, Ext): 570-654-0837 FAX (A/C, No): 570-655-7339 E-MAIL ADDRESS: kelly@newhartinsurance.com														
INSURED Environmental Service Corp of PA 9121 Valley View Drive CLARKS SUMMIT PA 18411	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Rockhill Insurance Company</td> <td style="text-align: center;">0</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></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(S) AFFORDING COVERAGE	NAIC #	INSURER A : Rockhill Insurance Company	0	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	ENVPO17875-01	08/30/2017	08/30/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ENVE021707-00	12/21/2017	08/30/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	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	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab. Contractors Pollution Liab			ENVPO17875-01	08/30/2017	08/30/2018	2,000,000/2,000,000 2,000,000/2,000,000

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

CERTIFICATE HOLDER	CANCELLATION
	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



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A	Physical Damage			73TRS081455	10/13/2017	10/13/2018	1,000 Ded OTC 1,000 Ded Coll

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

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