



*Erroy D. Baca, Sheriff*

*County of Los Angeles*  
**Sheriff's Department Headquarters**

*4700 Ramona Boulevard  
Monterey Park, California 91754-2169*



March 7, 2012

Notice to Potential Contractors:

**BULLETIN NUMBER 2  
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)  
WATER WELL SYSTEM MAINTENANCE SERVICES  
RFSQ 457-SH**

**INTRODUCTION**

This Bulletin Number 2 is being issued to provide revisions to the RFSQ document. The revisions for this RFSQ 457-SH for Water Well System Maintenance Services are as follows:

- A. Paragraph 1.4, Vendor's Minimum Mandatory Qualifications, of the RFSQ shall be deleted in its entirety and replaced as follows to delete the original Subparagraph 1.4.3 which required a Grade 1 Water Treatment Operator Certification:

**1.4 Vendor's Minimum Mandatory Qualifications**

It is not required that Vendors be qualified to perform all services described in Appendix B, Statement of Work, of this RFSQ. Interested and qualified Vendors that can demonstrate their ability to successfully provide required services outlined in Appendix B, Statement of Work, of this RFSQ, in one, some, or all of the service categories listed, in Appendix C, Required Forms, Exhibit 15, Schedule of Prices, of this RFSQ are invited to submit a Statement of Qualifications (SOQ), provided they meet the following Minimum Mandatory Qualifications:

- 1.4.1 Vendor must have a minimum of ten (10) years experience in water well system repair and maintenance services equivalent or similar to the services as described in Appendix B, Statement of Work, of this RFSQ. Experience will be verified through references provided by Vendor in the SOQ.

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- 1.4.2 Vendor must have C-57 (Water Well Drilling) and/or C-61/D-21 (Pump Installations) licenses issued by the State of California.
- 1.4.3 Vendor shall be certified and be a member of either with the California Groundwater Association or the National Ground Water Association.
- 1.4.4 Vendor must have a business office located within one hundred (100) miles from any one of the three (3) water well systems to be able to respond in a timely manner for emergent and non-emergent water well system repair and maintenance services that are required at the Department facilities identified under Section 1.1, Scope of Work, of this RFSQ.

B. Subparagraph 9.2, Permits and Licenses, Appendix B, Statement of Work, of the RFSQ shall be deleted in its entirety and replaced as follows:

9.2 During the Term of the Master Agreement, such licenses shall include but shall not be limited to the following: C-57 (Water Well Drilling) and C-61/D-21 (Pump Installations) licenses issued by the State of California.

- C. Appendix C, Required Forms, Exhibit 1, Vendor's Organization Questionnaire/Affidavit, of the RFSQ shall be deleted in its entirety and replaced with revised Appendix C, Required Forms, Exhibit 1, Vendor's Organization Questionnaire/Affidavit, attached hereto as Attachment 1 to this Bulletin 2.
- D. Appendix C, Required Forms, Exhibit 15, Schedule of Prices, of the RFSQ shall be deleted in its entirety and replaced with revised Appendix C, Required Forms, Exhibit 15, Schedule of Prices, attached hereto as Attachment 2 to this Bulletin 2.

Except as provided herein, all other terms and conditions of this Request For Statement of Qualifications (RFSQ) remain in effect.

You may access this Bulletin Number 2 in electronic (PDF) format via the Department's Website at: [http://www.lasd.org/lasd\\_contracts/info.html](http://www.lasd.org/lasd_contracts/info.html) (underscore between "lasd" and "contracts").

**All Vendors who have already submitted their Statement of Qualifications (SOQ) to the Department for consideration must submit additional information as follows:**

1. Complete and submit Bulletin Number 2, Attachment 1, Appendix C, Required Forms, Exhibit 1, Vendor's Organization Questionnaire/Affidavit. The revised Exhibit 1 from this Bulletin Number 2 will supersede the previously submitted Exhibit 1.
2. Complete and submit Bulletin Number 2, Attachment 2, Appendix C, Required Forms, Exhibit 15, Schedule of Prices. The revised Exhibit 15 from this Bulletin Number 2 will supersede the previously submitted Exhibit 15.

The original and two copies of the above documents shall be enclosed in a sealed envelope, plainly marked in the upper left-handed corner with the name and address of the Vendor and bear the words: "**Additional SOQ information from Bulletin Number 2 for Water Well System Maintenance Services**" and be delivered or mailed to the address below. Submittal deadline is Thursday, March 15, 2012.

For those Vendors interested in qualifying under this RFSQ who have not submitted an SOQ for consideration by the initial due date per Bulletin Number 1, may submit their SOQ for consideration by Friday, March 23, 2012, to the address below.

The above submittal dates are initial due dates for this Bulletin Number 2, and those not received by the dates listed above may not be reviewed initially; however, they may be reviewed at a later date to determine if they meet the qualifications listed. The solicitation will remain open until the needs of the Department are met.

The SOQ and any related information shall be delivered or mailed to:

Los Angeles County Sheriff's Department  
Contracts Unit  
4700 Ramona Boulevard, Room 214  
Monterey Park, California 91754  
Attention: Abilene Valdez

It is the sole responsibility of the submitted Vendor to ensure that its SOQ is received before the submission deadline. Submitting Vendors shall bear all risks associated with delays in delivery by any person or entity, including the United States Mail. No facsimile (fax) or electronic mail (e-mail) copies will be accepted.

Should you have any questions, please contact Abilene Valdez, Contracts Analyst, at [arvaldez@lasd.org](mailto:arvaldez@lasd.org).

Sincerely,

LEROY D. BACA, SHERIFF

A handwritten signature in blue ink, appearing to read "Glen Joe", is written over the printed name of the Director of Fiscal Administration.

Glen Joe, Director  
Fiscal Administration

**REQUIRED FORMS - EXHIBIT 1**  
**VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Please complete, date and sign this form and place it as the **first page** of your SOQ. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in an Master Agreement. (Additional instructions may be found on page 3 of this Affidavit.)

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your firm is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? \_\_\_\_ If yes,

Name of parent firm: \_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

\_\_\_\_\_

Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications listed in Sub-section 1.4; Minimum Mandatory Qualifications, of this Request for Statement of Qualifications, as listed below.

Check the appropriate boxes:

1.4.1 Vendor must have a minimum of ten (10) years experience in water well system repair and maintenance services equivalent or similar to the services as described in Appendix B, Statement of Work, of this RFSQ. Experience will be verified through references provided by Vendor in the SOQ.

Yes  No

1.4.2. Vendor must have C-57 (Water Well Drilling), and/or C-61/D-21 (Pump Installations) licenses issued by the State of California.

Yes  No

1.4.3 Vendor shall provide proof of certification and membership either with the California Groundwater Association or the National Ground Water Association.

Yes  No

1.4.4 Vendor must have a business located within one hundred (100) miles from any one of the three (3) water well systems to be able to respond in a timely manner for emergent and non-emergent water well system repair and maintenance services that are required at the Department's facilities identified under Section 1.1, Scope of Work, of this RFSQ.

Yes  No

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Sheriff's sole judgment and his/her judgment shall be final.

Vendor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

On behalf of \_\_\_\_\_ (Vendor's name), I \_\_\_\_\_  
 (Name of Vendor's authorized representative), certify that the information contained in this Vendor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Internal Revenue Service  
 Employer Identification Number

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 California Business License Number

\_\_\_\_\_  
 Date County WebVen Number

\_\_\_\_\_

**Additional Instructions:**

Taking into account the structure of the Vendor's organization, Vendor shall determine which of the below referenced supporting documents the County requires. If the Vendor's organization does not fit into one of these categories, upon receipt of the Vendor or at some later time, the County may, in its discretion, request additional documentation regarding the Vendor's business organization and authority of individuals to sign Agreements.

If the below referenced documents are not available at the time of proposal submission, Vendor must request the appropriate documents from the California Secretary of State and provide a statement on the status of the request.

**Required Support Documents:**

**Corporations or Limited Liability Company (LLC):**

The Vendor must submit the following documentation with the proposal:

1. A copy of a “Certificate of Good Standing” with the state of incorporation/organization
2. A conformed copy of the most recent “Statement of Information” as filed with the California Secretary of State listing corporate officers or members and managers.

**Limited Partnership:**

The Vendor must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State and any amendments.



## SCHEDULE OF PRICES FOR WATER WELL SYSTEM MAINTENANCE SERVICES

Please submit rate for each item. If you do not wish to submit a rate for an Item, place the letters “N/A” on each line for that item; however, if you propose a rate for an Item, you are required to submit all rates contained within that Item. Vendors who do not complete an area of this requirement will be found non-responsive with regards to that item and will not be qualified to perform that type of repair.

**ITEM A WELL REMOVAL/INSTALLATION AND REPAIRS SERVICES**  
(This item will requires a valid C-57, C-61/D-21 Water Well Drilling State Contractor’s License)

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Labor (Crew rate)	\$ _____/HR
2. Mobilization/Demobilization	\$ _____/HR
3. Shop/Field Welding	\$ _____/HR
4. Machine Shop Repair	\$ _____/HR
5. General Shop Repair	\$ _____/HR
(Includes cleaning and in-shop inspection)	\$ _____/HR
6. On-site Mechanical Repairs & Inspection	\$ _____/HR
(Regular hours)	
7. On-site Emergency Mechanical Repairs	\$ _____/HR
(Four Hour minimum paid by County)	

**\*Each rate includes cost of use of tools/equipment and labor only**

**ITEM B WELL/PUMP PERFORMANCE TESTING SERVICES**  
(This item will requires a valid C-57, C-61/D-21 Water Well Drilling State Contractor’s License)

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Labor (Crew rate)	\$ _____/HR
2. Mobilization/Demobilization	\$ _____/HR
3. Furnish/Install Test Pump	\$ _____/Occurrence
4. Furnish/Install Development Engine	\$ _____/HR

**\*Each rate includes cost of use of tools/equipment and labor only**

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**ITEM C PUMP REMOVAL/INSTALLATION AND REPAIR SERVICES**  
(This item will requires a valid C-57, C-61/D-21 Water Well Drilling State Contractor's License)

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<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Labor (Crew rate)	\$ _____/HR
2. Mobilization/Demobilization	\$ _____/HR
3. Shop/ Field Welding	\$ _____/HR
4. Machine Shop Repair	\$ _____/HR
5. General Shop Repair	\$ _____/HR
(Includes cleaning and in-shop inspection)	\$ _____/HR
6. On-site Mechanical Repairs & Inspection	\$ _____/HR
(Regular hours)	
7. On-site Emergency Mechanical Repairs	\$ _____/HR
(Four Hour minimum paid by County)	

\*Each rate includes cost of use of tools/equipment and labor only

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**ITEM D WELL VIDEO SURVEY SERVICES**

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<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Well Video Survey	\$ _____/HR

\*Each rate includes cost of use of tools/equipment, parts, labor and materials

ITEM E WELL CHEMICAL CLEANING TREATMENT SERVICES

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<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Well Chemical Cleaning Treatment	\$ _____/Per Vertical Foot
2. Mobilization/Demobilization	\$ _____/HR

\*Each rate includes cost of use of tools/equipment, parts, labor and materials

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ITEM F WELL DISINFECTING SERVICES

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Rate per Foot = Chlorine Strength x 50ppm or 100ppm x Labor

<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. Well Disinfecting Services & Chlorine Strength (Please specify)	
2. 50 ppm	\$ _____/Per Vertical Foot
3. 100 ppm	\$ _____/Per Vertical Foot
4. Mobilization/Demobilization	\$ _____/HR

\*Each rate includes cost of use of tools/equipment, parts, labor and materials

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ITEM G OTHER WATER WELL SYSTEM SERVICES

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<u>DESCRIPTION</u>	<u>MAXIMUM RATE*</u>
1. <u>Installation of chlorination units</u>	\$ _____/HR
2. <u>Piping repair/Installation</u>	\$ _____/HR
3. <u>Hot tap services</u>	\$ _____/HR

**BULLETIN 2, ATTACHMENT 2 - APPENDIX C, REQUIRED FORMS – EXHIBIT 15**

- 4. Well drilling services \$ \_\_\_\_\_/HR
- 5. Telecommunications Installation \$ \_\_\_\_\_/HR
- 6. Emergency Telecommunication repairs \$ \_\_\_\_\_/HR
- 7. Hydrogeological Investigations \$ \_\_\_\_\_/HR
- 8. Geotechnical Engineering Services \$ \_\_\_\_\_/HR
- 9. Borehole & Surface Geophysics \$ \_\_\_\_\_/HR
- 10. Other Services \$ \_\_\_\_\_/HR

**\*Each rate includes cost of use of tools/equipment and labor only**

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**Vendor:** \_\_\_\_\_

Each rate provided for Items D, E & F includes cost of use of tools/equipment, parts, labor and materials.

Each rate provided for Items A, B, C & G includes cost of use of tools/equipment and labor only. All parts and materials shall be identified on the Work Order and approved by the County Project Director or County Project Manager in writing prior to installation. Refer to Appendix B, Statement of Work, Section 2, Work Description, of this RFSQ.

I certify under penalty of perjury that the foregoing is correct and true in all respects.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_