



**ORLANDO UTILITIES COMMISSION
ORLANDO, FLORIDA**

**WATER TANK CLEANING AND INSPECTION
SERVICES**

UNDERWATER SOLUTIONS INC.

4601 OQ

COMMISSIONERS

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CONFORMED CONTRACT

Water Tank Cleaning and Inspection Services
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CONTRACT DOCUMENTS

CONTRACT

THIS CONTRACT, made effective as of this January 8, 2019, ("Effective Date") is by and between the **Orlando Utilities Commission** with its principal office located at 100 West Anderson Street in Orlando, Florida, Party of the First Part and hereinafter called ("OUC"), and **Underwater Solutions Inc.**, a Massachusetts corporation with its principal office in Mattapoisett, Massachusetts, Party of the Second Part and hereinafter called the ("Supplier"), jointly referred herein as the Parties.

WITNESSETH:

THAT WHEREAS, OUC has caused to be prepared, in accordance with law, specifications, drawings and other contract documents for the work as herein specified; and,

WHEREAS, the said Supplier has submitted to OUC a proposal in accordance with the terms of this Contract; and,

WHEREAS, OUC, in the manner prescribed by law, has determined the Supplier to be the most responsive and responsible bidder for the work and has awarded to the Supplier a contract therefore, for the sum or sums named in the Supplier's proposal or as otherwise amended by the Basis of Contract, a copy thereof being attached to and made a part of this Contract;

NOW, THEREFORE, in consideration of the compensation to be paid to the Supplier and of the mutual agreements herein contained, the Parties to these presents hereby agree, OUC for itself and its successors, and the Supplier for itself, himself, or themselves, or its, his or their successors and assigns, or its, his or their executors and administrators, as follows.

ARTICLE I. That the Supplier shall provide all labor, material and equipment necessary to provide Water Tank Cleaning and Inspection Services of various water tanks within OUC's Power Production, Water Production, and Chilled Water Production facilities beginning January 8, 2019 through January 7, 2024 in accordance with the Contract Documents including any Basis of Contract attached and made a part hereof, and shall execute and complete all work included in OUC's official award of this Contract to the Supplier. This Contract at the option of OUC may be extended for one (1) consecutive five (5) year period starting January 8, 2024. Both Parties hereto agree that "Contract Documents" shall include the Contract, including any Basis of Contract, the Certificate of Counsel, the General Conditions, the General Requirements, the Technical Specifications, Drawings, the Bidding Documents associated with this Contract, and any other document included as part of the above referenced documents.

In the event there is a conflict or contradiction among any of the Contract Documents, the order of precedence shall govern any contracts initiated under this Contract and all services rendered hereunder:

- A. This Contract, including any Basis of Contract.
- B. OUC's General Conditions included in the RFP document.
- C. OUC's Request for Proposal (RFP18 4601 OQ) with a RFP due date of October 5, 2018.
- D. Supplier's response to the Request for Proposal dated October 5, 2018.

ARTICLE II. That OUC will pay to the Supplier for the work embraced in this Contract, and the Supplier will accept as full compensation therefore, the sum (subject to adjustments as provided by the Contract) as submitted in the Supplier's Proposal for Water Tank Cleaning and Inspection Services, RFP18 4601 OQ dated October 5, 2018, for all work included in the Contract, designated in the foregoing Article I; payment to be made in the manner provided in the proposal attached hereto.

ARTICLE III. That time of completion is of the essence of the Contract, and that the Supplier shall proceed with the specified work and shall conform to the schedule specified in General Requirements, or elsewhere in the specifications, which has been made a part of this Contract.

ARTICLE IV. Supplier acknowledges and agrees that (i) all material and information which has or will come into its possession or knowledge in connection with this Contract or the performance hereof, consists of confidential

and proprietary information of OUC, of its affiliates or third party vendors who have licensed the information to OUC under an obligation of confidentiality, and (ii) the disclosure to third parties or use by Supplier or third parties of such information will damage OUC. Supplier therefore agrees to hold such material and such information in strictest confidence, not to make use thereof other than for the performance of this Contract, and not to release such information or material to any person except for Supplier's personnel who have a need to know such information for the purposes of this Contract and who have signed a written Contract expressly agreeing not to use or disclose it. This confidentiality obligation shall survive termination of this Contract.

IN WITNESS WHEREOF, the Parties agree the Effective Date of this Contract shall be the day and year first above written.

Orlando Utilities Commission

Signature Chris Bullock (SEAL)

Title General Manager & CEO

Date 1/18/19

Attest Elizabeth M Mason

Title ASSISTANT SECRETARY

Underwater Solutions Inc.

Signature Derek J. Cind (SEAL)

Title President

Date 1-2-19

Witness William C Cornish

Title Vice President

Witness Kim LaRose-Peto

Title office manager

Awarded by the Orlando Utilities Commission on December 11, 2018.

The form of execution of the foregoing contract is hereby approved:

As to Orlando Utilities Commission:

Wayne [Signature]
Attorney for Orlando Utilities Commission

As to Supplier:

Attorney for Supplier

CERTIFICATE OF COUNSEL
(Where Supplier is a Corporation)

I do hereby certify that the Contract has been duly and lawfully executed by the Supplier acting by and through all officers and agents thereunto respectively required for the valid execution thereof, and that the same respectively constitutes a valid and binding obligation of such party. In lieu of Counsel Certification, a letter of signatory authority from the Corporate Secretary on official letterhead bearing the corporate seal may be submitted.

Signature of Counsel for Principal
(Supplier)

Type or print name of Counsel

Type or print address of Counsel

CERTIFICATE OF COUNSEL
(Where Supplier is an individual or partnership)

I hereby certify that the Contract has been duly and lawfully executed by the Supplier, or if the Supplier be a partnership by a partner thereunto duly and lawfully authorized and that such person, officers and agents were thereunto lawfully authorized and that the same respectively constitutes a valid and binding obligation of such party.

Signature of Counsel for Principal
(Supplier)

Type or print name of Counsel

Type or print address of Counsel

**Basis of Contract
For
Water Tank Cleaning and Inspection Services**

BC.1 GENERAL. This Basis of Contract clarifies and states certain agreements between Orlando Utilities Commission (“OUC”) and Underwater Solutions, Inc., (“Supplier”) made in the negotiations of the Request for Proposal 4601 OQ for Water Tank Cleaning and Inspection Services (“RFP”) based on the Supplier’s proposal dated October 5, 2018. OUC and Supplier shall be collectively referred to as the “Parties.”

BC.2 EXCEPTIONS AND OR CLARIFICATIONS. Supplier’s original proposal dated October 5, 2018 took no exceptions to the RFP. The Parties agree to the pricing clarifications included in Exhibit A, attached and incorporated herein, are deemed accepted by OUC and made a part of the Contract. Supplier’s pricing clarifications as included in Exhibit A shall remain firm for the duration of the initial contract period. Furthermore, sufficient notice by OUC personnel for the work identified in Section C “Specifications and Requirements for Chilled Water Facility Water Tanks” will be provided to the Supplier in lieu of an advanced payment or deposit for such services. Upon such notice, Supplier will be given considerable time to secure the necessary material, equipment, and personnel to meet the specifications and requirements of the RFP’s scope of work. Supplier will then invoice OUC in accordance with the terms and conditions of the RFP.

BC. 3 CLARIFICATION OF TERM. The Parties agree that the Contract at the option of OUC may be extended for one (1) consecutive five (5) year period beginning January 8, 2024. At the time of the optional extension, Supplier shall submit pricing to OUC in accordance with this Contract and any Amendments made thereafter for assessment and evaluation of fair market value.

BC. 4 CLARIFICATION OF INSURANCE. The Parties agree that Supplier shall carry the requisite insurance under the GC’s of this RFP *prior* to the performance of *any Work* as contemplated by this RFP. Supplier must provide evidence of the required policy coverage, and all insurance coverages furnished under this Contract must meet the policy limits as agreed upon by this Contract and set forth in GC 8.0. Any costs incurred by the Supplier for obtaining the necessary coverage that meets the policy limits are to be invoiced with proof of additional costs and paid by OUC in accordance with the terms and conditions of the RFP. Supplier shall invoice OUC for only the necessary minimum amount which allows Supplier to carry the required insurance coverage prescribed by GC 8.0. OUC will neither tender payment nor incur any financial liability for a policy that exceeds the minimum coverage as required under GC 8.0 of this RFP’s General Conditions for Services.

BC. 5 ADDITIONAL TANK UNDER STANTON ENERGY CENTER’S
SPECIFICATIONS AND REQUIREMENTS FOR POWER PRODUCTION FACILITY
WATER TANKS.

The additional potable water tank was constructed in 2009 and is located on the 8th floor of the Unit 1 Boiler Building at the Stanton Energy Center directly North of the elevator. The purpose of the tank is to provide pressure to the distribution system. Pricing for the

additional tank is included in Exhibit A as Spec Item I(e). This tank shall be incorporated into Attachment A: Detailed Scope of Work & Requirements of the RFP and the specifications are as follows:

- e. Approximate capacity of Stanton Energy Center Potable Water Tank (9,400 gallons).
 - i. Measurements: Height 17', overflow 16', diameter 10'.
 - ii. Tank access is from Top of Tank through man way entrance. When the Tank is being utilized, generally there is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but will need to be coordinated as to minimize any potential impacts to OUC's operations. The initial inspection and cleaning services is requested to be completed by the end of the 4th quarter 2023. The exact times are flexible and are to be coordinated with the OUC site designee.

EXHIBIT A

ATTACHMENT B: PRICING SCHEDULE FOR RFP18 4601 OQ WATER TANK CLEANING AND INSPECTION SERVICES

DESCRIPTION	SPEC ITEM (REFERENCE ATTACHMENT A: DETAILED SCOPE OF WORK & REQUIREMENTS)	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
MOB AND DEMOB COST PER EACH ADDITIONAL INSPECTION ONLY SERVICE CALL OUT	ALL	\$ -			
MOB AND DEMOB COST PER EACH ADDITIONAL CLEANING ONLY SERVICE CALL OUT	ALL	\$ -			
MOB AND DEMOB COST PER EACH ADDITIONAL COMBINED INSPECTION AND CLEANING SERVICE CALL OUT	ALL	\$ -			

POWER PRODUCTION TANKS

STANTON ENERGY CENTER TANKS

LINE ITEMS I(a) - I(d) SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
THE 525,000 GALLON POTABLE WATER STORAGE TANK	I(a)	\$ -	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 147,530 GALLON UNDERGROUND CLEARWELL	I(b)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 9,400 GALLON (APPROXIMATE) POTABLE WATER TANK	I(e)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
STANTON ENERGY CENTER TANKS SUBTOTAL COST		\$ -	\$ 13,930.00	\$ 9,730.00	\$ 23,660.00

INDIAN RIVER PLANT TANKS

LINE ITEMS II(b) - II(f) SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
THE 160,000 GALLON CONDENSATE STORAGE TANK	II(b)	\$ -	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 160,000 GALLON SOUTH DI STORAGE TANK	II(c)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 280,000 GALLON POTABLE WATER STORAGE TANK	II(d)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 280,000 GALLON RAW WATER STORAGE TANK	II(e)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
THE 400,000 GALLON NORTH DI STORAGE TANK	II(f)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ 1,990.00	\$ 1,390.00	\$ 3,380.00
INDIAN RIVER PLANT TANKS SUBTOTAL COST		\$ -	\$ 9,950.00	\$ 6,950.00	\$ 16,900.00

WATER PRODUCTION TANKS

LINE ITEMS VI(a) - VI(b) SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 1	VI(a)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 2	VI(b)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(a)	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
SKY LAKE, 3 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(c)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00

LINE ITEMS VI(d) - VI(e) SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(d)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(e)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(d)	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00

LINE ITEMS VI(f) - VI(g) SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
CONWAY 3.5 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(f)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
CONWAY 2 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(g)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
NAVY, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(h)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
LAKE HIGHLAND, 5 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK	VI(i)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
KIRKMAN, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(j)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
SOUTHEAST, 1 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(k)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
HIAWASSEE, .5 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(l)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
METRO WEST, .3 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(m)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
DR. PHILLIPS, .75 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(n)	\$ -	\$ 1,990.00	\$ 1,900.00	\$ 3,890.00
WATER PRODUCTION TANKS SUBTOTAL COST		\$ -	\$ 27,860.00	\$ 26,600.00	\$ 54,460.00

CHILLED WATER TANK

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
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CONSIST OF A 10 YEAR TANK INSPECTION AND SILT/SEDIMENT VACUUMING. THE SILT/SEDIMENT IS NOT REQUIRED TO BE FILTERED AND WILL BE DISCHARGED INTO THE SANITARY SEWER LOCATED NEXT TO THE TANK	XI	\$ -	\$ 8,890.00	\$ 149,970.00	\$ 158,860.00
CHILLED WATER TANK SUBTOTAL COST		\$ -	\$ 8,890.00	\$ 149,970.00	\$ 158,860.00
GRAND TOTAL COST MOB/DEMOB, INSPECTION, & CLEANING		\$ -	\$ 60,630.00	\$ 193,250.00	\$ 253,880.00

Pricing Clarifications:

(1) Is the price firm for the duration of the contract term?
 Yes No

(2) Does your firm utilize robots for any part of the inspections?
 Yes No

(3) Can your firm perform the work within the times specified for each tank?
 Yes No
If no, please specify when your firm could complete the work for the tanks.

(4) Does your firm video the inspections or photograph only?
 Video Inspection Photograph Inspection
 Both Other

(5) Does your firm offer any discounted payment terms for early payment?
 Yes No
If yes, please specify the discounted payment term offered by your firm.

*Should Lockheed/OUC not require a closed loop system, this price is subject to significant reduction.
*This price is based on Orlando Utilities Commission providing Engineering Stamps on inspection reports, as indicated in the Q & A (Addendum No.2 - 2.) of this bid.
*Should Orlando Utilities Commission require us to provide Engineering Stamps, a \$250.00 fee will be added to each structure.

COMPLIANCE FORMS

**SWORN STATEMENT UNDER SECTION 287.133 (3) (a) and 287.135,
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES AND SCRUTINIZED
COMPANIES**

(To be signed in the presence of a notary public or other officer
authorized to administer oaths.)

STATE OF Massachusetts

COUNTY OF Plymouth

Before me, the undersigned authority, personally appeared Deborah J. cornish
who, being by me first duly sworn, made the following statement:

1. The business address of P.O. Box 208, Mattapoisett, MA 02739

[name of bidder or Contractor] is Underwater Solutions Inc.

2. My relationship to
personally known

[Name of bidder or Contractor] is
President

[Relationship such as sole proprietor, partner, president, vice president].

3. I understand that any company listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Section as defined by Florida Statute 215.473 may not bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more. If found to be on the list, I understand that any contract with the governmental agency or entity will be terminated and that civil penalties as outlined in Florida Statute 287.135 will apply.
4. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes 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 in Florida 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 to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" is defined by the statute to mean a finding of guilt or a conviction of 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, nonjury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that "affiliate" is defined by the statute to mean (1) a predecessor or successor of a person or a corporation convicted of a public entity crime, or (2) 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, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.

7. Neither the bidder or Contractor nor any officer, director, executive, partner, shareholder, employee, member or agent who is active in the management of the bidder or Contractor nor any affiliate of the bidder or Contractor has been convicted of a public entity crime subsequent to July 1, 1989.

[Draw a line through paragraph 7 if paragraph 8 below applies.]

~~8. There has been a conviction of a public entity crime by the bidder or Contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the bidder or Contractor who is active in the management of the bidder or Contractor or an affiliate of the bidder or Contractor. A determination has been made pursuant to Section 287.133(3) by order of the Division of Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is _____~~

~~_____. A copy of the order of the Division of Administrative Hearings is attached to this statement.~~

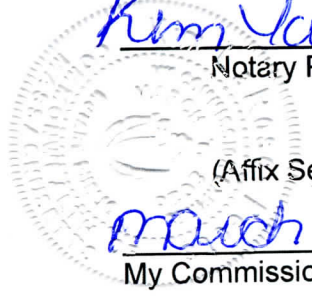
[Draw a line through paragraph 8 if paragraph 7 above applies.]

Signed by: Deborah J. Cornish Printed Name: Deborah J. Cornish

Sworn to and subscribed before me in the state and county first mentioned

above on the 29 day of September, 2018.

Kim LaRose-Peets
Notary Public



(Affix Seal)

March 7, 2025
My Commission Expires

Kim LaRose-Peets
Type or Printed Name

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Underwater Solutions Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) P.O. Box 208	Requester's name and address (optional)
	6 City, state, and ZIP code Mattapoisett, MA 02739	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
OR	
Employer identification number	
0 4 - 3 1 6 1 9 3 5	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ October 1, 2018
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001768

Entity Name: UNDERWATER SOLUTIONS, INC. OF MASSACHUSETTS

Current Principal Place of Business:

4 CHURCH STREET EXTENSION
MATTAPOISETT, MA 02739

Current Mailing Address:

4 CHURCH STREET EXTENSION
MATTAPOISETT, MA 02739 US

FEI Number: 04-3161935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER, DIRECTOR
Name CORNISH, DEBORAH J.
Address 4 CHURCH STREET EXT.
City-State-Zip: MATTAPOISETT MA 02739

Title VP, DIRECTOR
Name CORNISH, WILLIAM C.
Address 4 CHURCH STREET EXT.
City-State-Zip: MATTAPOISETT MA 02739

Title VP
Name CORNISH, DAVID M
Address 4 CHURCH STREET EXT.
City-State-Zip: MATTAPOISETT MA 02739

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH J. CORNISH

PRESIDENT, TREASURER 04/24/2018

Electronic Signature of Signing Officer/Director Detail

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2018

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 Fisk Marine Insurance Intl, LLC 8110 Breakwater Dr New Orleans LA 70124	CONTACT NAME: Jodi Wibel		FAX (A/C, No):														
	PHONE (A/C, No, Ext): (504) 302-4400																
E-MAIL ADDRESS: jwibel@fiskusa.com			<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GREAT AMERICAN INS. CO.</td> <td>22136</td> </tr> <tr> <td>INSURER B : Underwriters at Lloyd's</td> <td>15792</td> </tr> <tr> <td>INSURER C : COMMERCE & INDUSTRY INS CO</td> <td>19410</td> </tr> <tr> <td>INSURER D : WESTCHESTER SURPLUS LINES INS CO</td> <td>10172</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GREAT AMERICAN INS. CO.	22136	INSURER B : Underwriters at Lloyd's	15792	INSURER C : COMMERCE & INDUSTRY INS CO	19410	INSURER D : WESTCHESTER SURPLUS LINES INS CO	10172	INSURER E :		INSURER F :	
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INSURER E :																	
INSURER F :																	
INSURED Underwater Solutions, Inc. PO Box 208 Mattapoisett MA 02739	UNDESOL-01																

COVERAGES

CERTIFICATE NUMBER: 34572608

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SRLL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	OMH5834568-15	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	N/A	WC 5226528	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B D	Professional Liability Contractors Pollution Liability	Y	Y	J180288 G27095240006	1/13/2018 10/1/2018	1/13/2019 10/1/2019	Limit 2,000,000 Each Occurrence 1,000,000

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

Certificate Holder is named as Additional Insured with Waiver of Subrogation per the Blanket Additional Insured and Blanket Waiver of Subrogation Endorsements. GL is Primary and Non-Contributory. Workers Compensation policy includes a Blanket Waiver of Subrogation as required by written contract and also includes U.S. Longshore and Harbor Workers Act Coverage, Maritime Employers Liability/Jones Act Coverage, Alternate Employer Endorsement and Voluntary Compensation. Work Comp Section 3 A of policy includes states of FL, MA and NY.
 Orlando Utilities Commissions
 100 West Anderson Street
 Orlando, Florida 32801

CERTIFICATE HOLDER**CANCELLATION**

Orlando Utilities Commissions 100 West Anderson Street Orlando FL 32801	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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**MARINE COMMERCIAL LIABILITY
BLANKET ADDITIONAL INSURED ENDORSEMENT**

We agree that this policy shall include as Additional Insureds any person or organization to whom the Named Insured has agreed by written contract or written agreement to provide coverage, but only with respect to operations performed by or on behalf of the Named Insured and only with respect to an "occurrence":

1. Otherwise covered by this policy; and
2. That occurred subsequent to the making of such written contract or written agreement.

All other terms and conditions of this policy remain unchanged.

**MARINE COMMERCIAL LIABILITY
BLANKET WAIVER OF SUBROGATION ENDORSEMENT**

We agree to waive any rights of subrogation to which we may be entitled, if prior to an "occurrence," the Named Insured has agreed to such waiver in writing, but only to the extent required by written contract or written agreement.

All other terms and conditions of this policy remain unchanged.

RFP DOCUMENTS



The Reliable One®

RFP 18 4601 OQ

For

Water Tank Cleaning & Inspection Services

Issue Date:	September 18, 2018
Pre-response Conference:	None Scheduled At This Time
Pre-response Conference Date:	N/A
Questions/Comments Due Date:	September 26, 2018
Addendum Due Date:	September 28, 2018
Proposal Due Date:	October 5, 2018 by 2:00 PM EST
Bid Bond:	Not Required
Payment & Performance Bond:	Not Required

Direct all inquiries to Buyer of Record:

Devin Finegan

407-434-4339

DFinegan@ouc.com

Orlando Utilities Commission

Orlando, Florida



RFP 18 4601 OQ for Water Tank Cleaning & Inspection Services

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RFP 18 4601 OQ for Water Tank Cleaning & Inspection Services

Request for Proposal (RFP)

Direct all inquiries to the Buyer of Record: Devin Finegan
407-434-4339
DFinegan@ouc.com

Proposal Opening Location: Orlando Utilities Commission
Reliable Plaza
100 West Anderson Street
Orlando, Florida 32801

1. *Instructions are located in the Instruction to Bidders section of this document; or, may be provided during a Pre-Conference Meeting.*
2. *Electronic proposal submittals, described in the Electronic Submittal of the Proposal section of this document, will be accepted and are highly encouraged. Hard copy proposal submittals may be used when necessary and must adhere to the [hardcopy proposal submission instructions](#). Do not submit both electronic and hard copies unless otherwise instructed. Email or other means will not be accepted.*
3. *VendorLink help can be accessed by calling 407-222-1885, or by emailing support@evendorlink.com.*

1 INTRODUCTION

The Orlando Utilities Commission (OUC) is an electric and water municipal utility serving Orlando, Florida and portions of surrounding Orange County. OUC also has an Inter-local agreement with the City of St. Cloud, Florida for the management of its electric utility. Currently, OUC serves more than 313,000 customers. To obtain general information about OUC, access www.ouc.com.

1.1 SCOPE OF WORK SUMMARY

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified companies seeking to provide the following services for OUC: Clean and perform inspections of various water tanks within OUC’s Power Production, Water Production, and Chilled Water Production facilities. OUC is seeking a firm that can vacuum silt as well as sediment from the bottom of the tanks while also performing all required inspections. The work is to be performed by Certified Industrial Divers. Please refer to Section A for the detailed scope, requirements, and specifications.

Refer to [Section 2.1, Detailed Scope, Requirements, & Drawings](#) for more information.

1.2 PRE-RESPONSE CONFERENCE

To comply with security requirements, email names of attendees and company affiliations to the Buyer of Record at least 48 hours in advance of the meeting. Please bring government issued photo identification the day of the Pre-Response Conference.

If applicable, refer to [Attachment C: Invitation to Pre-Response Conference](#)

1.3 TERM OF CONTRACT

The services will be contracted for a period of five (5) years.

1.4 MINIMUM BIDDER QUALIFICATIONS

OUC requires each Supplier submitting a proposal under this RFP to be either a license Florida based firm or to be legally registered as a foreign entity with the State of Florida. Each proposing supplier shall provide a copy as proof of holding a valid Florida Business License or Foreign Entity Certificate issued under the firm’s legal name by the State of Florida. Provide your current license information to include a copy of your firm’s current Florida Business License or Foreign Entity Registration Certificate, and API Certified Inspector Certification.

Bidder shall provide evidence that their firm is capable of performing work associated with this RFP. The Bidder’s submittal shall include a supplemental document in the format below for at least three (3) projects (within the past three (3) years) in which the scope of work was of equal or greater in complexity to that described in this RFP.

A. Owner/Plant/Engineer _____

Project Name _____

Date Complete/Operational _____

Reference (Name/Telephone/Company/e-mail) _____

Description of Work Performed _____

Dollar Percentage of work performed by subcontractors _____

Dollar Percentage of work/material supply by W/MBEs. _____

Contracting Method (lump sum/cost reimbursable) _____

1.5 PRICE AND COSTS

Prices documented in the submitted Proposal must remain firm throughout the contract period (including additional extensions, if applicable). Refer to [Attachment B: Price Schedule](#).

1.6 TERMS AND CONDITIONS

The Terms and Conditions governing this RFP are in accordance with OUC's General Conditions for Services http://www.ouc.com/docs/procurement/procure_general_services.pdf?sfvrsn=4.

1.7 CONTRACT SAMPLE

Click [here](#) to view an OUC contract sample.

1.8 PROPOSAL EVALUATION CRITERIA

Refer to the [Instructions to Bidders](#) section of this document.

2 BIDDER REQUIREMENTS AND QUALIFICATIONS

2.1 DETAILED SCOPE, REQUIREMENTS, & DRAWINGS

A. Detailed Scope:

1. The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified companies seeking to provide the following services for OUC: Clean and perform inspections of various water tanks within OUC's Power Production, Water Production, and Chilled Water Production facilities. OUC is seeking a firm that can vacuum silt as well as sediment from the bottom of the tanks while also performing all required inspections. The work is to be performed by Certified Industrial Divers. Please refer to Attachment A below for the detailed scope, requirements, and specifications.
2. In general, OUC prefers all work to be performed within normal workdays, Monday through Friday. Times will vary however by specification item.
3. **Stanton Energy Center:** OUC prefers the services to be performed within an 8 to 10 hour day shift falling between the hours of 7:00 am and 6:00 pm.
4. **Indian River Plant:** For the tanks identified as having restrictions on the times, the units typically are dispatched during the late afternoon hours (3:00pm -7:00pm) Spring thru Fall. During the winter months the units are typically dispatched in the early morning hours (5:00am -8:00 am) and the late afternoon hours (3:00pm -7:00pm). Just be advised that the units can be called upon at any time. For the non-restricted tanks OUC prefers the services to be performed within an 8 to 10 hour day shift falling between the hours of 7:00 am and 6:00 pm.
 - a. Indian River Plant's South DI Storage tank is used as a secondary storage so it can be accessed at any time during normal working hours. The north DI tank is the tank with the restrictions. The restrictions to the north DI tank will be based on the ability of the Supplier to safely remove equipment and personnel from the tank should any of the Combustion Turbines (CTs) be dispatched to run. If the equipment and personnel removal can be done within 30 minutes of the start of the CTs then there will be no restrictions to the entry of the tank. If the 30 minute time can't be met then other arrangements will have to be made.
5. **Water Production:** to minimize operational impacts during peak use times to the degree possible, the optimal times for work to be performed for the Water Production tanks is between the hours of 10:00 am and 5:00 pm. However, other than the limitations put on the Sky Lake, Kirkman and Navy Water Production Plant tanks these times are flexible.
6. OUC can accommodate work on weekends as appropriate. With the exception of the Chilled Water Tank, OUC believes most if not all other tanks work can be accomplished within normal work days within a normal 8 to 10 hour day shift. While OUC can be flexible when appropriate, it is OUC's preference for the work to be performed during normal day shift, Monday through Friday. With regards to the Chilled Water Tank, OUC can possibly accommodate a 24/7 work basis if deemed absolutely necessary or required.
7. If any of these times pose an issue, OUC suggests the bidder to state a clarification or exception in their proposal rather than choosing not to submit a proposal for consideration.

8. In general for nearly all of the tanks, the water solid mixture from the cleaning process can be discharged to the nearest designated or otherwise available ground drain basin.
9. For any of the Potable Water Tanks or the Water Production Tanks, the water-solid mixture from the cleaning process shall be discharged outside the tank to the appropriate drainage basin. A bag filter system may be used on the other tanks but shall use at a maximum a .5 micron filter size. The Supplier shall be responsible to dispose of the used filters and its contents offsite
10. All tanks in this RFP require API inspections. Offering an ROV as an alternative would be acceptable to OUC however if any firm is offering an alternative to the RFP specifications they shall first submit a proposal that meets the criteria of the RFP. Any alternative proposed offerings are to be listed in the Excel spreadsheet titled "Attachment B: Price Schedule".
11. Water Production is the only areas with Elevated Tanks and those tank elevations are as follows:

	Height to Top Tank Total Height	Height to Bottom Tank Capacity	Capacity
Hiawassee	136' 4"	127' 6"	90' 0"
Metro West	148' 2"	143' 0"	110' 6"
Dr. Phillips	N/A	137' 11"	94' 6"

12. Please note that the entry point at the Stanton Energy Center Clearwell tank has one access entry. The applicable Water Production tanks all have multiple access hatches, but only one per tank has a ladder.

B. Requirements:

1. OUC requires each Supplier submitting a proposal under this RFP to be either a licensed Florida based firm or to be legally registered as a foreign entity with the State of Florida. Each proposing supplier shall provide a copy as proof of holding a valid Florida Business License or Foreign Entity Certificate issued under the firm’s legal name by the State of Florida. Provide your current license information to include a copy of your firm’s current Florida Business License or Foreign Entity Registration Certificate, and API Certified Inspector Certification.
2. Each participating firm must provide:
 - a. A copy of the proposed Divers Industrial Diver credentials and certifications.
 - b. A copy of the proposed Inspector’s credentials and certifications, including any and all API certifications.
 - c. A copy of Florida Professional Engineers license for the proposed Professional Engineer to be used for the work.
 - d. An outline of your firms proposed man power loading by tank.
 - e. Estimated times your firm expects each tanks inspection and cleaning to be completed within.

- f. Workman’s Compensation Experience Modification Rating for the last 3 years: 2017, 2016, and 2015.
 - g. A copy of the firm’s Quality Assurance Manual.
 - h. A copy of the firm’s Safety Manual.
 - i. Information pertaining to the firm’s drug and alcohol policies in the workplace.
 - j. Information regarding any intra-company policy or program that your firm has instituted or abides by to ensure that all Federal, State, and local regulations are followed in the proper handling, storage and disposal of any and all hazardous material.
 - k. Estimated time as to when your firm anticipates or expects each tank’s inspection and cleaning to be completed within.
3. Pricing is to be submitted as requested, firms are to utilize the Excel spreadsheet identified as “Attachment B Price Schedule”.
 4. All drawings have been provided under Attachment D.

2.2 BIDDER INFORMATION & REQUIRED BIDDER QUALIFICATIONS

2.2.1 Bidder Information

On company letterhead Bidder to provide a response cover page with the following information:

1. Firm Name
2. Name of Parent Company if applicable
3. Complete Business Address
4. State of Incorporation
5. Number of years in business
6. Name(s) and contact information of key personnel
7. Women or Minority owned business status
8. Dun & Bradstreet number
9. Licenses obtained to conduct business with OUC

2.2.2 Required Bidder Qualifications

Refer to Section 1.4 Minimum Bidder Qualifications for more information.

1. List the number of projects (with similar scope and size) that the bidding organization has completed and are in progress.
2. Provide at least three (3) references with contact information related to completed projects with the similar scope and size project.
 - a. If deemed pertinent, OUC will request to do site visits to customers provided as references by selected Bidder or Bidder’s affiliates.

3. Provide a complete list of all the subcontractors that may be part of the project, with the following information:
 - a. Company name
 - b. MWBE Status
 - c. Contact information
 - d. Number of years in business
 - e. Proof of the necessary licenses for the job (if applicable)
 - f. List of project that they had participated with similar scope and size to this RFP
4. Should bidder be awarded the work in this RFP, please provide information on any Economic Development Opportunities that Bidder may bring, such as the creation of new jobs or purchasing or leasing of new building space, which could benefit the local Orlando Area or the State of Florida.

3 INSTRUCTIONS TO BIDDERS

3.1 LEGAL AND PUBLIC RECORD STATEMENT

As required by Florida’s Public Records Law, information provided to OUC in the course of business will be made available for public inspection and copying unless a specific statutory exemption applies.

3.2 CONFIDENTIALITY NOTICE TO BIDDERS

By submitting a proposal to OUC, each Bidder acknowledges and understands that OUC is a public agency subject to Chapter 119 Florida Statutes (“Public Records Law”). Any Proposal document the Bidder submits will become a public record when OUC provides notice of an intended decision or 30 days after opening the bids, proposals, or final replies, whichever is earlier. Trade Secrets, certain background financial information, and other items, may constitute exemptions to disclosure under the Public Records law.

3.2.1 Exemptions

If during the Proposal or Negotiation Phase a Bidder wishes to claim an exemption on any portion of its Proposal to OUC, the Bidder must identify the specific statutory exemption and do the following:

1. Submit a redacted version. Redact (black out) only those portions of the Proposal put forward for exemption.
2. Submit an un-redacted version of the same documents marked, “Confidential –Trade Secret/ Proprietary Information”. Both versions are to be submitted at the same time.

3.3 ACKNOWLEDGEMENT

1. From the issue date of this solicitation packet until a selection decision is made, no unauthorized contact related to this solicitation will be allowed between a Bidder, their employees or subcontractors and any OUC commissioner, officer, director, or staff, with the exception of the Buyer of Record. Any unauthorized contact will disqualify the Bidder from further consideration
2. The selected Bidder agrees to obtain, prior to award, Worker's Compensation, General Liability, Automotive, and other insurance requirements in accordance to the requirements in the terms and conditions specified in section 1.7.
3. All policies shall be subject to approval by OUC, and issued by companies authorized by the State of Florida’s Department of Insurance to conduct business in the State of Florida.
4. The selected Bidder agrees that it and its subcontractors have a Drug-Free Workplace Program that complies with Florida Statute §§ 287.087 and 440.101 et. seq., the Omnibus Employee Testing Act of 1991, 49 Code of Federal Regulation § 391 and 40 (operation of commercial motor vehicles).
 - a. In addition, all subcontractors must implement a controlled substance and alcohol testing policy for safety sensitive positions as defined by the Commission’s Alcohol and Controlled Substance Testing Policy for Safety Sensitive Positions.

5. The selected Bidder's employees and its subcontractors' employees are further prohibited from being under the influence or impairment of alcohol on OUC property or work sites or at any time or place while conducting business with or on behalf of OUC.
6. The selected Bidder shall submit only one proposal/bid in response to this solicitation packet, and shall have no financial interest in other entities submitting proposals/bid responses for the same solicitation packet.
7. Neither the selected Bidder, nor its affiliates, nor anyone associated with them shall have any potential conflict of interest due to any other clients, contracts, business relationships or property interests for this solicitation packet's scope of work.
8. The selected Bidder shall disclose to OUC the name(s) of any OUC employee, contractor, or OUC Board Member who has a direct or indirect financial interest in the selected Bidder's organization, or in the proposed transaction. A direct or indirect financial interest in the selected Bidder's organization, or in the proposed transaction exists if the OUC employee, contractor, or Board Member:
 - a. Presently, or in the preceding twelve (12) months, has an ownership interest in the selected Bidder's organization (other than as owner of less than 1% of the stock of a publicly traded corporation).
 - b. Works for, is a partner, officer, director, trustee, or consultant to the selected Bidder.
 - c. Has received grant, travel, honoraria, or other similar support from the selected Bidder
 - d. Has a right to receive royalties from the selected Bidder.
9. No member of the selected Bidder's ownership, management, or staff shall have a vested interest in any aspect of OUC, nor any business or other relationship with any of OUC's employees, officers, directors, or Board Members that creates a conflict of interest or the appearance of a conflict of interest.
10. No member of the selected Bidder's ownership or management is presently applying for an employee position or actively seeking an appointment within OUC.
11. The selected Bidder, or authorized signatory, shall provide written notice to OUC in the event that a conflict of interest is identified at any time.

3.3.1 Statement of No Bid

The OUC Procurement Department is committed to continuously improving its processes to receive maximum participation from the industry/market. OUC is requesting that organizations, who *do not wish to bid* on this RFP, send the Buyer of Record an email briefly explaining their "no bid" decision. This response will help to improve the solicitation process and any future communications.

3.4 GENERAL INFORMATION

Bidders shall prepare Proposals in accordance with the requirements of these Instructions to Bidders. Not preparing a Proposal, in accordance with such instructions, implies that the Bidder does not intend to comply with all of the proposed contract conditions. Such proposals will be considered irregular and **may be rejected**.

OUC will receive Proposals through the [VendorLink](#) system for goods, equipment, materials, and related services set forth in the included specifications and documents.

3.4.1 Common Terms

OUC and Bidders (the parties) agree that the following phrases each shall have the meaning provided here and may be used interchangeably:

1. “Bidder(s)”, “Supplier(s)”, and “Proposer(s)” shall mean the organization, party, person, firm, company, corporation, partnership, joint venture, or other type of entity responding to this solicitation.
2. “Solicitation” shall mean, “Request for Proposal(s)”, “RFP”, “Request for Quote”, “RFQ”, “Invitation to Bid”, “ITB”, “Solicitation Package” or, “Solicitation Packet”, to which the Bidder is responding.
3. “Bid(s)”, “Proposal(s)”, or “Quote(s)” shall mean the documents formally submitted to OUC by each of the Bidders responding to this solicitation packet.

3.4.2 Submittal

Bidders shall submit Proposals in accordance with the instructions and schedule included in the solicitation containing these specifications and documents. Refer to [Section 4: Proposal Submittal Format & Checklist](#) and submit Proposal with all applicable content.

3.4.2.1 Alternate Proposals

If the Bidder submits an alternate proposal, they shall identify clearly the proposal as an “Alternate Proposal”. OUC may consider alternate proposals a blanket exception to the solicitation and reject the Proposal.

3.4.3 Signatures

An authorized representative of each Bidder shall:

1. Sign or e-sign the Proposal, give their full name and title, and provide the Bidder’s business name and address.
2. Enter the organization’s exact legal name on the Proposal.
3. Sign or e-sign compliance forms, if applicable.

3.4.4 Withdrawal

Bidders may withdraw, alter, and resubmit their Proposals through [VendorLink](#) at any time prior to the Proposal due date and time. Proposals may not be withdrawn, altered, or resubmitted after the Proposal due date and time. OUC may request clarifications and additional information after proposal submission.

3.5 ELECTRONIC SUBMITTAL OF THE PROPOSAL

To ensure correct Proposal formatting, Bidders shall:

1. Submit Proposals electronically through [VendorLink](#).
2. Upload files only in MS Word (.doc or .docx), Excel (.xls or .xlsx), and PowerPoint (.ppt or .pptx); Adobe Portable Document Format (.pdf); Compressed File (ZIP) formats.
3. Enable printing on files submitted.
4. Clearly identify the RFP Number, Name, Submission Date, and Bidder Name on the Response Cover Page on Bidder’s letterhead.

5. Separate and identify each part of the submission (i.e. document type, form type, content type) with a divider/separation page.
6. Contact VendorLink technical support at support@evendorlink.com, if technical difficulties arise during proposal submission.
7. Follow all instructions outlined in this RFP and provide all requested information.

OUC may ask the selected Bidder to supply one hard copy set with original, written signatures and original compliance forms, prior to the contract execution. Do not submit following both methods unless otherwise instructed.

3.6 COMPLIANCE FORMS

3.6.1 Public Entity Crimes

Each Bidder shall submit copies of an executed and notarized Sworn Statement under [Section 287.133 \(3\)\(a\) and 287.135, Florida Statutes, on Public Entity Crimes and Scrutinized Companies](#).

3.6.2 Dispute Disclosure

Each Bidder shall submit copies of an executed [Dispute Disclosure form](#).

3.7 SUPPLIER DIVERSITY

OUC has adopted a policy to encourage broad-based participation in all contracts with OUC. A copy of the policy can be found clicking on this [link](#).

3.7.1 Minority/Women Business Enterprises (M/WBE)

OUC's policy is to encourage the full and equitable participation of Minority and Women Business Enterprises (M/WBE) in the procurement of services by establishing an M/WBE goal. The M/WBE goal on this project is 3%.

As part of the Proposal, please indicate the percentage of bid amount to be subcontracted with M/WBE subcontractors during the activities outlined in this RFP.

Describe the Bidder's plan for utilizing small business, minority, and/or disadvantaged entrepreneurs, and local participation in pre-qualifying vendors and subcontractors, if such a plan exists.

3.8 PROPOSAL PREPARATION COSTS

OUC shall provide, without charge, one set of the specifications and documents to prospective Bidders for preparation of proposals. Addenda documents will be issued only to prospective Bidders registered in [VendorLink](#).

This solicitation does not commit OUC to pay any costs incurred in the preparation and submission of the Proposal or to pay any other costs incurred prior to award.

3.9 EXCEPTIONS

OUC is seeking proposals that meet all technical and commercial requirements as outlined in this solicitation. If a Bidder takes exception to any solicitation requirement or condition, the exception must be specifically stated on the [Exception Form](#) provided within the solicitation document. OUC shall consider only those exceptions written on the form at the time the Proposal is submitted. The Bidder acknowledges that any exception taken to the solicitation criteria (including submitting an alternate proposal) may result in OUC determining the Proposal to be nonresponsive.

3.10 CLARIFICATIONS

If a prospective Bidder has doubt as to the true meaning of any part of the solicitation, they may submit a written request for clarification through [email to the Buyer of Record](#); **verbal requests will not be accepted**. The Bidder must reference the Solicitation Package page number and section heading on any clarification requests

Failure of the Bidder to request information or make inquiries will not relieve them of any responsibility to perform under the terms of any contract awarded for the work in accordance with subsequent clarifications.

OUC shall issue an addendum to all Bidders, via [VendorLink](#), once an inquiry is clarified and/or answered. Verbal responses will not be provided and are not binding on OUC.

3.11 LOCAL CONDITIONS

Each Bidder shall have thorough knowledge of conditions, factors, and scope of work, which would affect the execution and completion of the requested work. If required, site visits will be held the day of the Pre-Response Conference unless otherwise arranged.

Bidders shall investigate properly and consider all such factors in the preparation of every Proposal submitted. OUC shall not permit claims for financial adjustment based on the lack of prior information or its effect on the cost of the work.

3.12 OPENING

OUC shall open Proposals on the RFP Due Date at **2:30 p.m. EST at 100 West Anderson Street, Orlando, Florida**. If required, at a public opening, OUC shall read only the Bidder name and if they have provided all the required information. OUC shall not share any other information at this time, with the exception of solicitations for construction or repairs on public works projects in which the price is submitted. Proposals not meeting the requirements **may be rejected**.

All questions concerning this solicitation must reference the document page number, and section heading. OUC shall answer questions and post them to [VendorLink](#) as an addenda to the solicitation.

3.13 SOLICITATION SELECTION SCHEDULE

OUC shall adhere to the stated schedule during the solicitation process, unless a change notice is issued to the Bidders via a written addendum. OUC reserves the right to postpone the date and time announced for the opening of proposals at any time.

OUC expects Proposals to address all of the information requested in the solicitation and subsequent clarifications, and to reflect the capabilities of the Bidder.

Bidders shall submit any supplemental information, and list any variations on the Exceptions form, in accordance with [Section 4, Proposal Submittal Format & Checklist](#).

3.14 PROPOSAL ACCEPTANCE AND REJECTION

OUC reserves the right to accept the Proposal which, in its judgment, is the most responsive and responsible Proposal and to reject any and all proposals; as well as waive irregularities and formalities in any proposal that is submitted.

Without limiting the generality of the foregoing, OUC may reject any proposals which are incomplete or irregular; Proposals which omit any one or more items for which the solicitation

requires, any Proposals which omit unit prices if unit prices are required, any Proposals from Bidders who have previously failed to satisfactorily complete contractual obligations.

1. The following **shall cause an automatic rejection of the proposal**:
 - a. Proposals delivered/submitted after the 2:00 p.m. due date
 - b. Failure to submit a Bid Bond (if required)
 - c. Failure to attend a mandatory Pre-Response Conference and/or any mandatory presentation (if required)
 - d. Failure to submit a signed [Payment and Performance Bond Compliance Form](#) when (a) a Payment and Performance Bond is required or (b) alternate payment and performance security permissible under Section 255.05, Florida Statutes is required
2. The following items **may cause a rejection of the proposal**:
 - a. Failure to submit copies of any of the signed & notarized (where required) forms:
 - i. Statement on [Public Entity Crimes](#) form
 - ii. [Dispute Disclosure](#)

3.15 PROPOSAL EVALUATION CRITERIA

OUC shall evaluate the Proposals based on the information provided by each of the Bidders. OUC's review may include, but may not be limited to the following categories:

1. Qualifications and Experience, including past performance for OUC
2. Responsiveness to Requirements
3. Safety and Quality Programs
4. Financial Soundness of Organization
5. Price

OUC reserves the right to negotiate with all or some of the Bidders who submitted the most responsive and responsible Proposals in the best interest of the OUC Commission. This negotiation process may occur prior to OUC Commission approval. Each Bidder acknowledges that OUC shall evaluate all Proposals and may initiate clarification discussions or seek additional information from all or some of the Bidders to fully understand any unclear elements of their proposals. Following clarification, OUC may initiate negotiations with the Bidder considered to be the most responsive and responsible. If no agreement is reached with the highest ranked Bidder, OUC may reject all Proposals or continue negotiations with each subsequently ranked Bidder until an acceptable deal is reached. A final contract award may be contingent upon OUC Commission and legal approval.

OUC reserves the right to consider historic information and facts, whether gained from the Bidder's Proposal, question and answer conferences, references, and/or other sources during the evaluation process. OUC may conduct such investigations to assist with the evaluation of any Proposal. The investigation also serves to establish the Bidders', subcontractors', and other related entities' responsibility, qualifications, and financial ability to fulfill the Proposal requirements to the Commission's satisfaction, within the prescribed time.

The Bidder solely is responsible to submit information related to the evaluation categories. OUC is under no obligation to solicit such information. Failure of the Bidder to submit information may cause an adverse impact on the Proposal's evaluation.

3.16 CANCELATION

Prior to the final execution of a Contract or full Notice to Proceed, OUC reserves the right to rescind said award without prior notice to Bidders. In addition, OUC may reject all Proposals, reissue the solicitation packet, or re-award the contract.

3.17 FREIGHT (IF APPLICABLE)

The selected Bidder shall coordinate with OUC's freight contractor for shipping unless OUC determines that the selected Bidder can obtain freight/shipping rates or methods that are more advantageous to OUC. The selected Bidder shall submit an alternate shipping proposal based on delivery to OUC's Free On Board (FOB) carrier at the designated OUC facility or location. The alternate proposal must include the:

1. Carrier name
2. Insurance coverage
3. Firm price freight quote

The Bidder must include any alternate proposal in the bid response to this solicitation. OUC may accept or reject the proposed alternate shipping arrangement.

OUC's freight/shipping supplier and contact information is:

Nexterus

1-888-867-5952 (Monday – Friday, 8:00 a.m. – 7:00 p.m. EST)

dcs@nexterus.com

3.18 BID BOND (IF APPLICABLE)

Bidder may be required to submit a certified check or cashier's check drawn on an acceptable bank, or an acceptable Bidder's bond executed by the Bidder and a surety company authorized to do business in the State of Florida. The value of the bid bond shall be **five percent (5%)** of the proposal price schedule. When submitting a Proposal through [VendorLink](#), the Bidder shall provide a copy of the check and express mail the original check to the delivery location provided on the first page of the Solicitation Packet Form.

The bid bond guarantee shall be made payable without condition to OUC. The amount of the check or bond may be retained by and forfeited to OUC as liquidated damages if the Proposal results in a contract award and the Bidder fails to honor the accepted terms.

OUC shall return the selected Bidder's bid bond when that Bidder executes the contract and files a satisfactory payment and/or performance bond, if required. OUC may retain the bid bond of the second highest ranked Bidder for a period not to exceed thirty (30) days, pending the execution of the contract by the selected Bidder. OUC shall return the bid bond of each unsuccessful Bidder upon request, after the contract is awarded or when the Proposal is rejected.

3.19 PAYMENT AND PERFORMANCE BOND (IF APPLICABLE)

The selected Bidder may be required to furnish a [Payment and Performance Bond](#) to OUC per Florida Statutes; Section 255.05 equal to 100 percent of the contract price. The cost of such bonds shall be stated as a separate line item in the Proposal.

A surety company, authorized to do business in the State of Florida and acceptable to OUC, shall sign the bond. The Performance Bond and Payment Bond shall be dated with the actual execution date. With these bonds, the responsible party shall file certified copies of the power of attorney of such attorney-in-fact signing the bond on behalf of the surety, and such certificates shall be certified to show that such power of attorney was in effect to and including the date of the actual execution of the bonds. Any bonds submitted by a surety or its agent shall be conclusively presumed to have been authorized by and binding upon the surety company irrespective of the date shown on the power of attorney.

If bonds are required, they shall remain in full force and effect until satisfactory completion of any specified performance guarantee tests, or satisfactory completion of all other contractual requirements, whichever shall occur last. Upon recording of the performance and payment bond (if applicable) Bidder shall provide OUC three (3) copies.

OUC shall furnish a copy of the selected Bidder's bond to any lienor demanding that bond under the provisions of Florida Statute 713.23.

3.20 CONTRACT EXECUTION

The selected Bidder shall execute the necessary contractual forms, and return the executed forms within ten (10) business days of receipt of forms for execution.

3.21 AWARD

OUC reserves the right to award a single or multiple contracts for all proposal items, or to award separate contracts for single proposal items or any combination of such items; or to make no contract award.

OUC shall be the sole judge of its own best interests, the proposals, and the resulting contract. An award may be made to the most responsive and responsible organization whose proposal is determined to be the most advantageous to OUC. The Commission's decision shall be final and OUC's rights include the ability to:

1. Reject any or all proposals or parts thereof
2. Issue subsequent solicitations
3. Cancel the entire solicitation
4. Remedy technical errors on the solicitation
5. Negotiate with any, all or none of the Bidders
6. Award a contract to one or more Bidders or none at all
7. Accept other than the lowest price
8. Waive informalities and irregularities in proposals

3.22 TAXES, PERMITS, AND LICENSES

The Bidder's attention is directed to the General Terms and Conditions and the Florida Statutes regarding taxes, permits, and licenses. It shall be the Bidder's responsibility to determine the applicable taxes, permits, and licenses. If the Bidder has doubt as to whether or not a tax, permit, or license is applicable, they shall state in their proposal whether this item has been included in their proposal price and the amount of the applicable tax, permit, or license in question.

3.23 ERROR AND OMISSIONS

Bidders or their authorized representatives are expected to be fully informed as to the conditions, requirements and specifications before submitting proposals; failure to do so will be at the Bidder's own risk. Neither law nor regulations make allowance for errors either of omission or commission on the part of Bidders. In case of error of extension of prices in the proposal, the unit price shall govern.

3.24 PROPOSAL SUBMITTAL FORMAT

Bidders shall complete all required forms, and include them in the proposal submittal package with any other required information. Refer to [Section 4, Proposal Submittal Format & Checklist](#) for more information.

3.24.1 OUC Policies and Procedures for Bidders

The Bidder shall read and comply with OUC's policies and procedures before submitting this Proposal:

1. [Contractor Security Policy](#)
2. [Bid Protest Procedure](#)
3. Generic [Contractor Orientation](#)
4. [Drug and Alcohol Free Workplace and Testing Policy](#)
5. [OUC Travel and Expense Guidelines](#)
6. [All policies – OUC Procurement Services Department website](#)

These policies and any supplemental policies provided at contractor orientation are hereby fully incorporated into this contract by reference and to the extent applicable to the supplier in the performance of their work. Supplier and its subcontractors, suppliers, agents, and employees shall fully comply with all such policies as amended from time to time.

3.25 SIGNATURES

By submitting this proposal with the authorized electronic signature, the Bidder hereby declares that, in all respects for and in good faith, without collusion or fraud:

1. Only the individuals or organizations interested in this proposal/bid response as principal or principals are named in this Proposal.
2. No other individuals or organizations than mentioned in this Proposal have any interest in this Proposal/Bid Response or in the subsequent contract.
3. This Proposal/Bid Response is made without connection with any other person, company, or parties likewise submitting a Proposal/Bid Response.

Bidders shall prepare Proposals in accordance with the Instructions to Bidder’s document. Failure to submit the necessary forms **may cause a rejection of the proposal**. The Bidder hereby agrees to provide the services and/or items specified in the solicitation packet at the prices quoted pursuant to the requirements of this document.

4 PROPOSAL SUBMITTAL FORMAT & CHECKLIST

A checkmark (✓) on the items below indicates these are applicable items and the terms and conditions stated in earlier sections are applicable. Bidders shall complete all the forms checked (✓) below, and include them in the proposal submittal package in order with any other information.

Provide a written signature on all original forms and, when required, a notary stamp. Scan & upload these forms with the Proposal.

Technical Response File (checked if applicable)	
Tab 1 – Cover Page	
✓	Proposal Cover Page on Bidders Letterhead
✓	Bidder Information as listed in Section 2.2.1
Tab 2 – Bidder Background and Qualifications	
✓	References and Qualifications as listed in Section 2.2
Tab 3 – Response to Requirements	
✓	Response to all Requirements as listed in Section 2 and Attachments
Tab 4 – Compliance Forms	
Provided at time of proposal	
<input type="checkbox"/>	Exceptions
✓	Sworn Statement on Public Entity Crimes and Scrutinized Companies Under Florida Statutes, Section 287.133 (3) (a) and 287.135
✓	Dispute Disclosure
<input type="checkbox"/>	Bid Bond as described in Section 3.18 (If Applicable)
✓	Addenda (If Applicable)
Provided at time of award	
✓	Copy of Company’s Business License
✓	Copy of Insurance Certificate
✓	W-9 Form
<input type="checkbox"/>	Payment & Performance Bond as described in Section 3.19 (If Applicable)
Cost File	
✓	Pricing Sheet - (use MS Excel Sheet from VendorLink, enter as Attachment B: Price Schedule)

5 ATTACHMENTS

- Attachment A: Detailed Scope of Work & Requirements**
- Attachment B: Price Schedule**
- Attachment C: Invitation to Pre-Response Conference**
- Attachment D: Drawings**

ATTACHMENT A: DETAILED SCOPE OF WORK & REQUIREMENTS**A. Specifications and Requirements for Power Production Facility Water Tanks****I. Stanton Energy Center**

- a. Approximate capacity of Stanton Energy Center Potable Water Tanks (525,000 gallons).
 - i. Measurements: 40' high, 46.6' in diameter.
 - ii. 72 degree F to ambient water temp.
 - iii. Tank access is from Top of the Tank. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but will need to be coordinated as to minimize any potential impacts to OUC's operations. The initial inspection and cleaning services is requested to be completed by the end of the 4th quarter 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- b. Approximate capacity of Stanton Energy Underground Clearwell (147,530 gallons).
 - i. Measurements: 144" (12') in Deep - Length 519" (43.25') - Width 456" (38').
 - ii. 72 degree F water temp.
 - iii. Tank access is from Ground level man way entrance. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but will need to be coordinated as to minimize any potential impacts to OUC's operations. The initial inspection and cleaning services is requested to be completed by the end of the 4th quarter 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- c. Approximate capacity of Two (2) Stanton Energy Center Service Tanks (500,000 gallons)
 - i. Measurements: 40' high, approximately 45' in diameter.
 - ii. 72 degree F to ambient water temp.
 - iii. Tank access is from Top of the Tank. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but will need to be coordinated as to minimize any potential impacts to OUC's operations. The initial inspection and cleaning services is requested to be completed by the end of the 4th quarter 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- d. Approximate capacity of Two (2) Demineralized Water Tanks (500,000 gallons)
 - i. Measurements: 40' high, approximately 45' in diameter.
 - ii. 72 degree F to ambient water temp.
 - iii. Tank access is from Top of the Tank. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but will need to be coordinated as to minimize any potential impacts to OUC's operations. The initial inspection and cleaning

services is requested to be completed by the end of the 4th quarter 2023. The exact times are flexible and are to be coordinated with the OUC site designee.

II. Indian River Plant

- a. **Note: The Indian River Plant Tanks may or may not require service within the term of this contract but are included as contingent work as needed.**
- b. Approximate capacity of Indian River Plant Condensate Storage Tank (160,000 gallons).
 - i. Measurements: 30' High – 30' Diameter.
 - ii. 72 degree F water temp.
 - iii. Tank access is from Top of Tank through man way entrance. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible. The initial inspection and cleaning services times is flexible.
- c. Approximate capacity of Indian River Plant South DI Storage Tank (160,000 gallons).
 - i. Measurements: 30' High – 30' Diameter.
 - ii. 72 degree F water temp.
 - iii. Tank access is from Ground level man way entrance. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible. The initial inspection and cleaning services times is flexible.
- d. Approximate capacity of Indian River Plant Potable Water Tank (280,000 gallons)
 - i. Measurements: 35' High – 40' Diameter.
 - ii. 72 degree F water temp.
 - iii. Tank access is from Ground level man way entrance. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible. The initial inspection and cleaning services times is flexible.
- e. Approximate capacity of Indian River Plant Raw Water Storage Tank (280,000 gallons)
 - i. Measurements: 35' High – 40' Diameter.
 - ii. 72 degree F water temp.
 - iii. Tank access is from Ground level man way entrance. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible. The initial inspection and cleaning services times is flexible.
- f. Approximate capacity of Indian River Plant North DI Storage Tank (400,000 gallons)
 - i. Measurements: 45' High – 40' Diameter.

- ii. 72 degree F water temp.
- iii. Tank access is from Ground level man way entrance. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible. The initial inspection and cleaning services times is flexible.
- g. The work is to be performed at the Stanton Energy Center in Orlando, Florida. All equipment and personnel must go through a complete sterile inspection and cleaning station and all sanitized gear must be utilized only in potable water.

III. Supplier Requirements

- a. Any waste material resulting from the cleaning is the responsibility of the Supplier and such waste material is required to be disposed of by the Supplier in accordance with all applicable local, state, and federal regulations.
- b. A description of findings and corresponding photographs must be submitted within one month of completion of work. The inspection and cleaning must be completed under the supervision of a Florida licensed Professional Engineer. Florida licensed Professional Engineer must sign all completed documentation.
- c. Provide before and after photos verifying the silt/sediment removal and tank inspection. The diver must provide an underwater camera to document all aspects of this service.
- d. Provide a comprehensive survey of tank bottom to identify and mark corrosion or liner problems (black underwater marking device needed).
- e. Supplier will perform all necessary **API 650 and API 653** inspections required of this 5 year in service tank. Three hard copies and one soft copy of this report will be supplied to OUC.
- f. Supplier is required to have an API certified inspector confirm all inspections to ensure that OUC is in compliance.
- g. Provide to OUC Designated Rep prior to the start of project a “Confined Space / Rescue Plan”, for review.
- h. Notify OUC Designated Rep at the start and end of each day’s inspection for the purpose of aid if emergency assistance
- i. Provide direct communications to and from the diver at all times.
- j. Provide OUC with 4 unrestricted copies of all photos and video on CD.
- k. Any materials and or equipment delivered in advance of the Supplier mobilizing on site to be received by OUC on behalf of the Supplier shall include specific handling, and storage instructions. The Supplier shall maintain responsibility and liability for all equipment included as part of this contract through final acceptance of the project by OUC.
- l. The storage and protection of the material on site shall be the responsibility of the Supplier once the supplier has mobilized and accepted any materials and equipment that have been received in advance by OUC on the Supplier’s behalf.

- m. The Supplier shall comply with all local, state, and federal regulations. OUC or its authorized representative reserves the right to obtain all documentation deemed appropriate to verify the Supplier is meeting all regulatory and specification requirements.
- n. Once the Supplier is on site they shall provide the OUC Designated Representative with updates as agreed to between both parties on their schedule, and give notice of any possible delays of completion with corrective action taken.
- o. Any damage to OUC's or associated 3rd party property, including landscaping, due to the incompetence or negligence of the Supplier's personnel, including subcontractor(s), or malfunctioning of non-OUC equipment will be the responsibility of the Supplier. The Supplier shall reimburse OUC for any cost to repair damages, beyond reasonable wear, caused by the Supplier to OUC's facilities. OUC, at its option, may proceed to repair the damage, and advise the Supplier of the cost.
- p. The Supplier shall assign a "Point of Contact" from their office in addition to the job superintendent to coordinate scheduling and all other concerns between OUC and the Supplier.
- q. All of the Supplier's vehicles and large pieces of equipment must have the company logo clearly visible somewhere on the exterior body.
- r. While on OUC property performing the services, the Supplier must adhere to all applicable OSHA requirements and OUC safe work practices. The Supplier shall be licensed as required by the City, County, State or Federal governmental agencies to perform the work covered by this proposal.
- s. The Supplier shall furnish a copy of the insurance certificates for all insurances required in the general conditions section of the service agreement prior to starting any work on site.
- t. Supplier's personnel performing services on site shall be required to attend and abide by the site specific contractor orientation training prior to performing any services on site. This training generally runs a one (1) to one-and-a-half (1.5) hours to complete.
- u. All applicable Power Plant water tanks can be isolated/tagged out during inspection and or cleaning services as necessary with the following limitations: The Indian River Plant Demineralized Water Tanks may be limited for the services to be performed in the AM to early PM hours only within any given day in order for the units to remain available for operation during the peak power demand times.

IV. Support Provided by OUC

- a. OUC will provide for any applicable tanks to isolated/ tagged out while being serviced.
- b. Drawings or Photos as available.
- c. OUC employee will be present onsite during operational period.

- d. Timely Site Access.
- e. Supplier's site personnel may utilize OUC site restroom facilities.
- f. OUC will provide for onsite power source. Supplier responsible for everything required to get power from OUC power source to the work area.

B. Specifications and Requirements for Water Production Facility Water Tanks

- V.** Orlando Utilities Water Production consists of eleven (11) ground storage tanks and three (3) overhead storage tanks to be inspected and cleaned. The services shall include all materials, labor, tools and equipment necessary to complete the work for each tank. All reservoirs and tanks are to remain in operation during this process.

VI. Tank Specifications

- a. Approximate capacity of Pine Hills Concrete Water Storage Tank #1 is two (2) million gallons.
 - i. 150' in diameter.
 - ii. 72 to 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- b. Approximate capacity of Pine Hills Concrete Water Storage Tank #2 is two (2) million gallons.
 - i. 150' in diameter.
 - ii. 72 - 77 degree F water temp
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- c. Approximate capacity of Sky Lake Concrete Water Storage Tank is three (3) million gallons.
 - i. 133' in diameter
 - ii. 72 – 77 degree F water temp
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- d. Approximate capacity of Southwest Concrete Water Storage Tank #1 is three (3) million gallons.

- i. 13,530' sq feet.
 - ii. 72 - 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- e. Approximate capacity of Southwest Concrete Water Storage Tank #2 is three (3) million gallons
- i. 13,530' sq feet.
 - ii. 72 – 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- f. Approximate capacity of Conway Concrete Water Storage Tank #1 is three-and-a-half (3.5) million gallons
- i. 38,000' sq feet.
 - ii. 72 - 77 degree water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- g. Approximate capacity of Conway Concrete Water Storage Tank #2 is two (2) million gallons
- i. 23,310' sq feet.
 - ii. 72 – 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- h. Approximate capacity of Navy Concrete Water Storage Tank is two (2) million gallons
- i. 23,108' sq feet.
 - ii. 72 to 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for

Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.

- i. Approximate capacity of Lake Highland Concrete Water Storage Tank is five (5) million gallons
 - i. 30,856' sq feet.
 - ii. 72 – 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- j. Approximate capacity of Kirkman Concrete Water Storage Tank is two (2) million gallons
 - i. 22,680' sq feet.
 - ii. 72 - 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- k. Approximate capacity of Southeast Concrete Water Storage Tank is one (1) million gallons
 - i. 97' Diameter.
 - ii. 72 to 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- l. Approximate capacity of Hiwassee Elevated Steel Water Storage Tank is (.5) million gallons
 - i. 55'6" Diameter.
 - ii. 72 to 77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.

- m. Approximate capacity of Metro West Elevated Steel Water Storage Tank is (.3) million gallons
 - i. 46’8” Diameter.
 - ii. 72-77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.
- n. Approximate capacity of Dr. Philips Elevated Steel Water Storage Tank is (.75) million gallons
 - i. 56’0” Diameter.
 - ii. 72-77 degree F water temp.
 - iii. Tank access is from Top Manway Cover. There is approximately three (3) inches of very fine sediment on bottom of tank. Availability Times for Services to be provided is flexible but are to be completed by the end of the Fourth Quarter of 2023. The exact times are flexible and are to be coordinated with the OUC site designee.

VII. Water Tank Inspection

- a. Florida Administrative Code 62-555.350(2) states that water tanks shall be inspected for structural and coating integrity at least every five (5) years by personnel under the responsible charge of a professional engineer licensed in Florida. (An in house engineer from OUC will be available to sign each report.)
- b. Exterior inspections shall consist of, but not limited to: paint condition, corrosion protection, man ways, anchor bolts, ladder and safety cage, overflow pipe, roof, vents, and hatches.
- c. Interior inspections shall consist of, but not limited to: floor, man ways, influent/effluent pipe, paint condition, overhead, overflow and water quality.
- d. The intent of these inspections is to evaluate the existing conditions of the water storage facilities, such as but not limited to failure protection coatings, structural conditions, general conditions and water quality. The contractor shall provide photos that reveal the general conditions of the facilities and close-ups highlighting any discrepancies with the facilities (interior and exterior) that are encountered in the inspections.
- e. The Supplier shall furnish to OUC an inclusive list of the equipment, personnel and gear to be used both underwater and topside. This includes cameras, monitors, diver’s apparel, communications equipment and air supplies.
- f. A storage tank daily log shall be utilized by the contractor to establish a permanent record depicting times of entry, conditions of entry, time of exiting and conditions of personnel exiting the reservoirs/tanks. This log will serve as the confined entry permit.

- g. The inspection report shall be complete and comprehensive including corrective actions to be taken. Photographs and video documentation shall clearly note the condition and discrepancies of all water storage facilities inspected. As part of the proposal, the supplier will provide examples of previous reports provided to other customers for whom they have performed the services described herein. Overall evaluation of the tank's condition shall be conducted and reported in accordance with AWWA standard D101.
- h. The Supplier shall provide proof of compliance that they are registered with the Florida Secretary of State to work in Florida, workers compensation insurance certificates, documentation or certificates of diver's skills and proficiency and all diver's medical information and criminal background checks.
- i. This is considered a sanitary dive and all equipment and gear are to be disinfected in accordance with AWWA standards D101 (Inspecting Steel Tanks, Standpipes, Reservoirs and Elevated Tanks for Water Storage). At a minimum:
- j. All of the equipment is used in potable water applications only.
- k. All of the equipment is cleaned with a chlorine solution of 200 parts per million after each use.
- l. All equipment is then rinsed with fresh water and allowed to dry.
- m. All of the equipment is then stored in plastic containment until it is used again.
- n. This process is to be repeated after each use.
- o. This process includes not only the diving equipment and cameras, but also ancillary items such as depth gauges, tools, etc.

VIII. Water Tank Cleaning

- a. All Water Production tanks can be isolated during inspection and or cleaning services as necessary with the following limitations: The Sky Lake Specification Item 10, Navy Specification Item 15 and Kirkman Specification Item 17 Tanks have an approximate 4 hour maximum time duration the tank can be off line in a given day. Per the Florida Administrative Code 62-555, all water storage tanks must have any sludge deposits removed from inside the tank every five (5) years. It is OUC's desire to have all sludge deposits removed as part of this contract. The sludge must be vacuumed off the bottom of the tanks.
- b. It is the Supplier's responsibility to ensure the safety of all their personnel. All procedures and practices utilized by the Supplier will conform and comply with confined space regulatory procedures while incorporating safety procedures that surpass applicable OSHA regulations for diving procedures.
- c. The Supplier shall utilize surface supplied air to conduct all confined tank entry. Backup air supplies shall be monitored and regulated by a tender who monitors air supply while having open communications with personnel entering the tank. The contractor's procedures for air emergencies shall be known and practiced by all personnel and provided as part of the response to this proposal.

- d. All personnel entering the tanks shall be certified to use a full helmet equipped with surface supplied air and communications. Additionally, the Supplier shall utilize a one piece dry suit that allows total isolation from water.

IX. Supplier Requirements

- a. Any waste material resulting from the cleaning is the responsibility of the Supplier and such waste material is required to be disposed of by the Supplier in accordance with all applicable local, state, and federal regulations.
- b. A description of findings and corresponding photographs must be submitted within one month of completion of work. The inspection and cleaning must be completed under the supervision of a Florida licensed Professional Engineer. Florida licensed Professional Engineer must sign all completed documentation.
- c. Provide before and after photos verifying the silt/sediment removal and tank inspection. The diver must provide an underwater camera to document all aspects of this service.
- d. Provide a comprehensive survey of tank bottom to identify and mark corrosion or liner problems (black underwater marking device needed).
- e. Supplier will perform all necessary **API 650 and API 653** inspections required of this 10 year in service tank. Three hard copies and one soft copy of this report will be supplied to OUC.
- f. Supplier is required to have an API certified inspector confirm all inspections to ensure that OUC is in compliance.
- g. Provide to OUC Designated Rep prior to the start of project a “Confined Space / Rescue Plan”, for review.
- h. Notify OUC Designated Rep at the start and end of each day’s inspection for the purpose of aid if emergency assistance is required.
- i. Provide direct communications to and from the diver at all times.
- j. Provide OUC with 4 unrestricted copies of all photos and video on CD.
- k. Any materials and or equipment delivered in advance of the Supplier mobilizing on site to be received by OUC on behalf of the Supplier shall include specific handling, and storage instructions. The Supplier shall maintain responsibility and liability for all equipment included as part of this contract through final acceptance of the project by OUC.
- l. The storage and protection of the material on site shall be the responsibility of the Supplier once the supplier has mobilized and accepted any materials and equipment that have been received in advance by OUC on the Supplier’s behalf.
- m. The Supplier shall comply with all local, state, and federal regulations.
- n. OUC or its authorized representative reserves the right to obtain all documentation deemed appropriate to verify the Supplier is meeting all regulatory and specification requirements.
- o. Once the Supplier is on site they shall provide the OUC Designated Representative with updates as agreed to between both parties on their

- schedule, and give notice of any possible delays of completion with corrective action taken.
- p. Any damage to OUC's or associated 3rd Party property, including landscaping, due to the incompetence or negligence of the Supplier's personnel, including subcontractor(s), or malfunctioning of non-OUC equipment will be the responsibility of the Supplier. The Supplier shall reimburse OUC for any cost to repair damages, beyond reasonable wear, caused by the Supplier to OUC's facilities. OUC, at its option, may proceed to repair the damage, and advise the Supplier of the cost.
 - q. The Supplier shall assign a "Point of Contact" from their office in addition to the job superintendent to coordinate scheduling and all other concerns between OUC and the Supplier.
 - r. All of the Supplier's vehicles and large pieces of equipment must have the company logo clearly visible somewhere on the exterior body.
 - s. While on OUC property performing the services, the Supplier must adhere to all applicable OSHA requirements and OUC safe work practices.
 - t. The Supplier shall be licensed as required by the City, County, State or Federal governmental agencies to perform the work covered by this proposal.
 - u. The Supplier shall furnish a copy of the insurance certificates for all insurances required in the general conditions section of the service agreement prior to starting any work on site.

X. Support Provided By OUC

- a. Tank Photos or drawings as available per Appendix B.
- b. All water in compliance with FDEP drinking water standards.
- c. OUC employee will be present onsite during operational period.
- d. Timely Site Access.
- e. Supplier's site personnel may utilize OUC site restroom facilities.
- f. OUC will provide for onsite power source. Supplier responsible for everything required to get power from OUC power source to the work area.

C. Specifications and Requirements for Chilled Water Facility Water Tanks

XI. Approximate capacity of Thermal Storage Tank eighteen (18) million gallons

- a. Measurements: 60' high, 260' in diameter.
- b. 38 degree water temp.
- c. Tank access is from top of tank (ladder). There is approximately 1-5 inches of very fine sediment on bottom of tank. Availability Times for Services to be provided are from third quarter of 2023 to fourth quarter of 2023.
- d. The Tank is located on Lockheed Martin Site in Central Florida located at 5600 Sand Lake Road Orlando, FL 32819.

XII. Supplier Requirements

- a. Any waste material resulting from the cleaning is the responsibility of the Supplier and such waste material is required to be disposed of by the Supplier in accordance with all applicable local, state, and federal regulations.
- b. Provide before and after photos verifying the silt/sediment removal and tank inspection. The diver must provide an underwater camera to document all aspects of this service.
- c. Provide a comprehensive survey of tank bottom to identify and mark corrosion or liner problems (black underwater marking device needed).
- d. Supplier will perform all necessary **API 650 and API 653** inspections required of this 10 year in service tank. Three hard copies and one soft copy of this report will be supplied to OUC.
- e. Supplier is required to have an API certified inspector confirm all inspections to ensure that OUC is in compliance.
- f. Provide to OUC prior to the start of project a “Confined Space / Rescue Plan”, for review.
- g. Notify Lockheed Martin Security Dispatch at the start and end of each day’s inspection for the purpose of aid if emergency assistance is required.
- h. Obtain security clearance for all personnel that will be onsite through Lexis Nexis which provides background checks for any 3rd parties doing work on Lockheed Martin site. This cost will be paid by the Supplier.
- i. Provide direct communications to and from the diver at all times.
- j. Provide OUC with 4 unrestricted copies of all photos and video on CD.
- k. Any materials and or equipment delivered in advance of the Supplier mobilizing on site to be received by OUC on behalf of the Supplier shall include specific handling, and storage instructions. The Supplier shall maintain responsibility and liability for all equipment included as part of this contract through final acceptance of the project by OUC.
- l. The storage and protection of the material on site shall be the responsibility of the Supplier once the supplier has mobilized and accepted any materials and equipment that have been received in advance by OUC on the Supplier’s behalf.
- m. The Supplier shall comply with all local, state, and federal regulations.
- n. OUC or its authorized representative reserves the right to obtain all documentation deemed appropriate to verify the Supplier is meeting all regulatory and specification requirements.
- o. Once the Supplier is on site they shall provide the OUC Designated Representative with updates as agreed to between both parties on their schedule, and give notice of any possible delays of completion with corrective action taken.
- p. Any damage to OUC or Lockheed Martin property, including landscaping, due to the incompetence or negligence of the Supplier’s personnel, including subcontractor(s), or malfunctioning of non-OUC equipment will be the

responsibility of the Supplier. The Supplier shall reimburse OUC for any cost to repair damages, beyond reasonable wear, caused by the Supplier to OUC's facilities. OUC, at its option, may proceed to repair the damage, and advise the Supplier of the cost.

- q. The Supplier shall assign a "Point of Contact" from their office in addition to the job superintendent to coordinate scheduling and all other concerns between OUC and the Supplier.
- r. All of the Supplier's vehicles and large pieces of equipment must have the company logo clearly visible somewhere on the exterior body.
- s. While on OUC or Lockheed Martin property or while conducting services on OUC's behalf, the Supplier must adhere to all applicable OSHA requirements and OUC safe work practices.
- t. The Supplier shall be licensed as required by the City, County, State or Federal governmental agencies to perform the work covered by this proposal.
- u. The Supplier shall furnish a copy of the insurance certificates for all insurances required in the general conditions section of the service agreement prior to starting any work on site.

XIII. Tank Vacuuming Requirements

- a. All water and sediment vacuumed from the tank and must be filtered utilizing a weir system and 1 micron bags filters and all water must be returned to the tank. A dumpster shall be provided for depleted bag filters. OUC will bear the cost of disposal. The cost of the filters and weir tank shall be at the expense of the vendor.

XIV. Support Provided By OUC

- a. OUC will isolate the tank for a period of ten days to allow for the completion of this project and ensure the safety of the divers.
- b. Chemical analysis of tank water per Appendix C.
- c. Tank Photos per Appendix C.
- d. OUC employee will be present onsite during operational period.
- e. Timely Site Access.
- f. Supplier's site personnel may utilize site restroom facilities.
- g. OUC will provide for onsite power source. *Supplier responsible for everything required to get power from OUC power source to the work area.*

ATTACHMENT B: PRICE SCHEDULE

Please refer to the Excel spreadsheet titled “Attachment B Price Schedule”.

ATTACHMENT B: PRICING SCHEDULE FOR RFP18 4601 OQ WATER TANK INSPECTION AND CLEANING SERVICES

DESCRIPTION	SPEC ITEM (REFERENCE ATTACHMENT A: DETAILED SCOPE OF WORK & REQUIREMENTS)	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
MOB AND DEMOB COST PER EACH ADDITIONAL INSPECTION ONLY SERVICE CALL OUT	ALL	\$ -			
MOB AND DEMOB COST PER EACH ADDITIONAL CLEANING ONLY SERVICE CALL OUT	ALL	\$ -			
MOB AND DEMOB COST PER EACH ADDITIONAL COMBINED INSPECTION AND CLEANING SERVICE CALL OUT	ALL	\$ -			

POWER PRODUCTION TANKS

STANTON ENERGY CENTER TANKS

LINE ITEMS 1 & 2 SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
THE 525,000 GALLON POTABLE WATER STORAGE TANK	I(a)	\$ -	\$ -	\$ -	\$ -
THE 147,530 GALLON UNDERGROUND CLEARWELL	I(b)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
STANTON ENERGY CENTER TANKS SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -

INDIAN RIVER PLANT TANKS

LINE ITEMS 3, 4, 5, 6, & 7 SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
THE 160,000 GALLON CONDENSATE STORAGE TANK	II(b)	\$ -	\$ -	\$ -	\$ -
THE 160,000 GALLON SOUTH DI STORAGE TANK	II(c)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
THE 280,000 GALLON POTABLE WATER STORAGE TANK	II(d)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
THE 280,000 GALLON RAW WATER STORAGE TANK	II(e)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
THE 400,000 GALLON NORTH DI STORAGE TANK	II(f)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
INDIAN RIVER PLANT TANKS SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -

WATER PRODUCTION TANKS

LINE ITEMS 8 & 9 SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 1	VI(a)	\$ -	\$ -	\$ -	\$ -
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 2	VI(b)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(a)	\$ -	\$ -	\$ -
SKY LAKE, 3 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(c)	\$ -	\$ -	\$ -	\$ -

LINE ITEMS 11 & 12 SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(d)	\$ -	\$ -	\$ -	\$ -
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(e)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(d)	\$ -	\$ -	\$ -

LINE ITEMS 13 & 14 SHOULD BE ONE (1) SINGLE MOB/DEMOB

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
CONWAY 3.5 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(f)	\$ -	\$ -	\$ -	\$ -
CONWAY 2 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(g)	\$ -	\$ -	\$ -	\$ -
NAVY, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(h)	\$ -	\$ -	\$ -	\$ -
LAKE HIGHLAND, 5 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK	VI(i)	\$ -	\$ -	\$ -	\$ -
KIRKMAN, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(j)	\$ -	\$ -	\$ -	\$ -
SOUTHEAST, 1 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(k)	\$ -	\$ -	\$ -	\$ -
HIWASSEE, 5 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(l)	\$ -	\$ -	\$ -	\$ -
METRO WEST, 3 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(m)	\$ -	\$ -	\$ -	\$ -
DR. PHILLIPS, .75 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(n)	\$ -	\$ -	\$ -	\$ -
WATER PRODUCTION TANKS SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -

CHILLED WATER TANK

DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
CONSIST OF A 10 YEAR TANK INSPECTION AND SILT/SEDIMENT VACUUMING. THE SILT/SEDIMENT IS NOT REQUIRED TO BE FILTERED AND WILL BE DISCHARGED INTO THE SANITARY SEWER LOCATED NEXT TO THE TANK	XI	\$ -	\$ -	\$ -	\$ -
CHILLED WATER TANK SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -
GRAND TOTAL COST MOB/DEMOB, INSPECTION, & CLEANING		\$ -	\$ -	\$ -	\$ -

Pricing Clarifications:

(1) Is the price firm for the duration of the contract term?
 Yes No

(2) Does your firm utilize robots for any part of the inspections?
 Yes No

(3) Can your firm perform the work within the times specified for each tank?
 Yes No
 If no, please specify when your firm could complete the work for the tanks.

(4) Does your firm video the inspections or photograph only?
 Video Inspection Photograph Inspection
 Both Other

(5) Does your firm offer any discounted payment terms for early payment?
 Yes No
 If yes, please specify the discounted payment term offered by your firm.

ATTACHMENT C: INVITATION TO PRE-RESPONSE CONFERENCE**N/A – Not Applicable; No Pre-Response Conference Scheduled**

- Date:** Click here to enter the meeting date. **Time:** Click here to enter the meeting time. Eastern Standard Time (EST)
- Location:** Orlando Utilities Commission (OUC)
(Address/floor/room) Click here to enter the OUC location’s address of where the meeting will take place.
- Conference Number:** Click here to enter the call-in number and bridge number, if applicable.
- Video Conferencing:** Click here to enter information about attending the meeting via video conference, if applicable.
- Attendance is:** **Mandatory** **Not Mandatory**
- RSVP:** Please RSVP via email to the Buyer of Record at least 48 hours in advance of the meeting, and bring the RFP containing the specifications and government issued photo identification when you attend. Also, please email any questions two days prior to the meeting.
- Questions/Directions:** If you have any questions about the Pre-Response Conference, or if you need driving directions, please contact:
Click here to enter the phone number, fax number, and email address of the meeting’s contact person.
- Objective:** Click here to enter a brief description about what you hope to achieve during the meeting.
- Agenda:** Click here to enter the meeting’s duration, and a list of topics that will be covered.
- Notes:** Click here to enter suggestions for what to wear or bring if participants will be touring locations (i.e. “wear closed-toe shoes,” or “bring an umbrella.”)
- Special Instructions:** Click here to enter instructions for signing in at the guard’s desk.

ATTACHMENT D: DRAWINGS

APPENDIX A:
POWER PLANTS
SITE MAP
TANK DRAWINGS OR PHOTOS

APPENDIX B:
WATER PRODUCTION PLANTS
SITE MAP
TANK DRAWINGS AND OR PICTURES

APPENDIX C:
CHILLED WATER PLANT
TANK PICTURES
WATER ANALYSIS REPORT

CD 1 of 1

RFP18 4601 OQ Water Tank Cleaning & Inspection Services

Appendix A: Power Plants, Site Map, Tank Drawings or Photos

Appendix B: Water Production Plants, Site Map, Tank Drawings and or Picture

Appendix C: Chilled Water Plant, Tank Pictures, Water Analysis Report



September 25, 2018

To: All Prospective Proposers

Subject: Addendum No. 1 to RFP18 4601 OQ for Water Tank Inspection and Cleaning Services

The purpose of this Addendum is to address clarifications and questions in response to the subject solicitation.

1. Question:

In regards to the API inspection on the elevated storage tanks, does OUC want a full API 650/653 inspection in which the tanks are drained or a general API 650/653 external inspection?

Answer:

The inspection should be an internal and external inspection without draining the tank.

2. Question:

Is it possible to get pictures of the (3) elevated storage tanks?

Answer:

Please see Attachment A below.

- A. The requirement of an inspector that possesses an API certification is no longer a pre-requisite for responding or participating in this RFP. Respondents may submit the certification in their proposal; however, it is neither a requirement nor a pre-requisite to participate.
- B. All responses to the RFP must be received no later than 2:00 PM (EST) Friday October 5, 2018 (10/05/2018) and are to be submitted through VendorLink. Hard copies of the proposals will also be accepted at the guard's desk of the downtown Reliable Plaza location:

Orlando Utilities Commission
Reliable Plaza
Attn: Devin Finegan – 7th Floor
100 W. Anderson St.
Orlando, FL 32801
- C. The question deadline has been extended to Thursday September 27, 2018 (09/27/2018). All questions concerning this solicitation are to be e-mailed to dfinegan@ouc.com no later than 5:00 PM (EST). Should any additional questions arrive prior to the aforementioned deadline, an Addendum will be posted no later than 5:00 PM (EST) Friday September 28, 2018 (09/28/2018).
- D. The submitted proposal must acknowledge that this Addendum was received or the participating firm could be considered non-responsive. The form below can be utilized for acknowledgement purposes for this and any subsequent Addendums (see Attachment B).

Reminder:

In other respects, except as specifically stated above, the subject RFP remains unchanged.

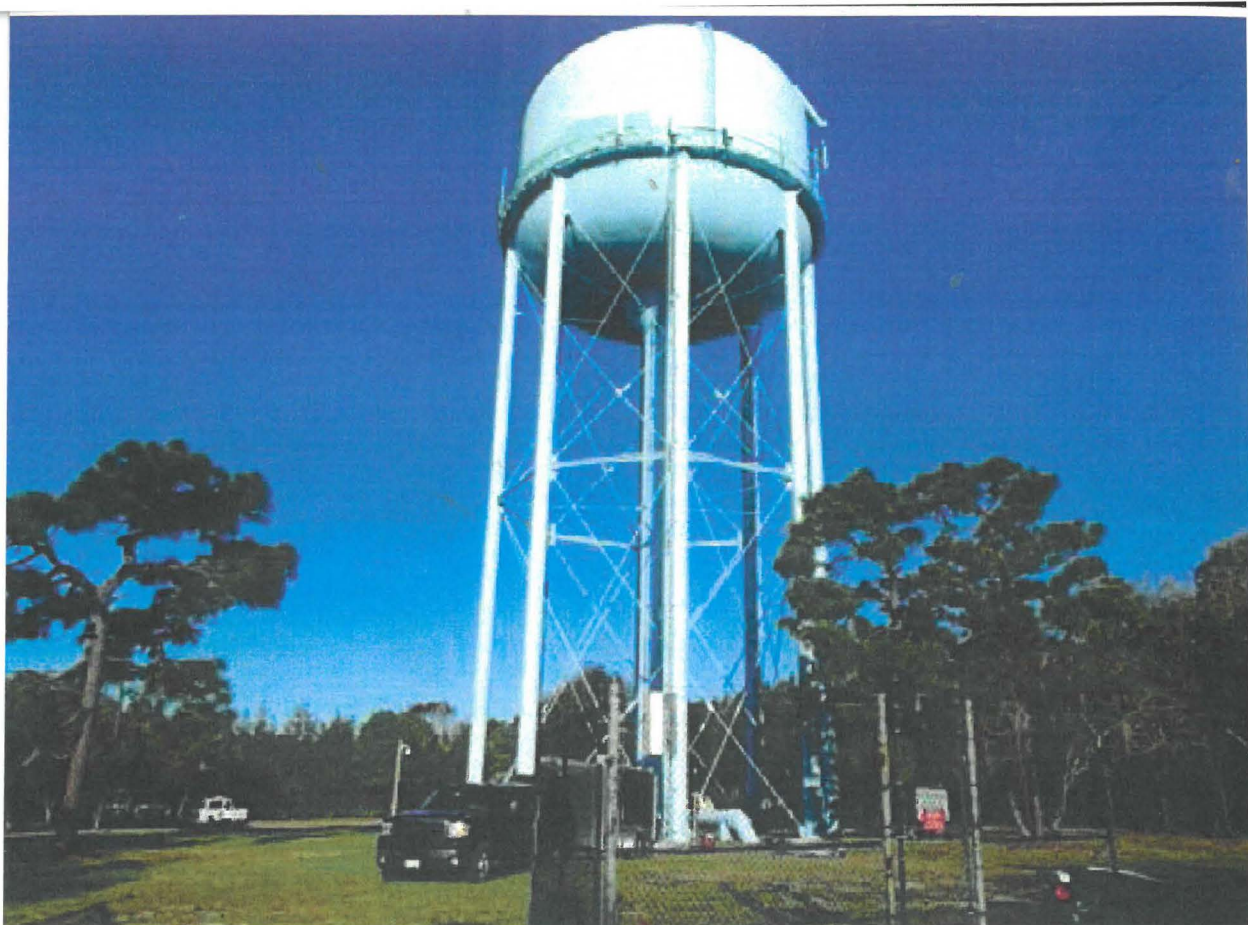
Note:

There shall be no communication between the Supplier, their employees, or subcontractors concerning this RFP to anyone within Orlando Utilities Commission except for the Buyer of Record.

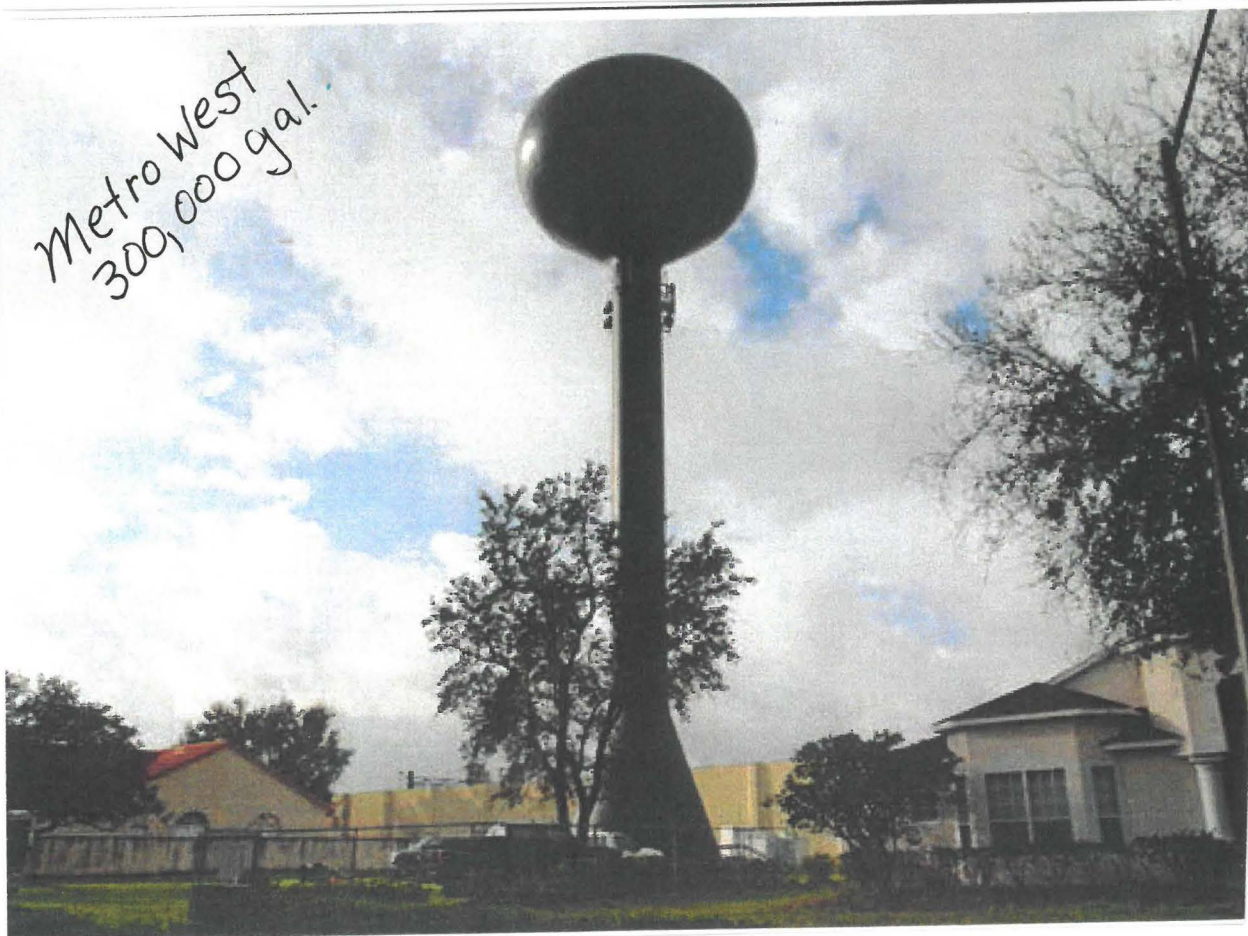
Sincerely,

Devin M. Finegan
Associate Buyer

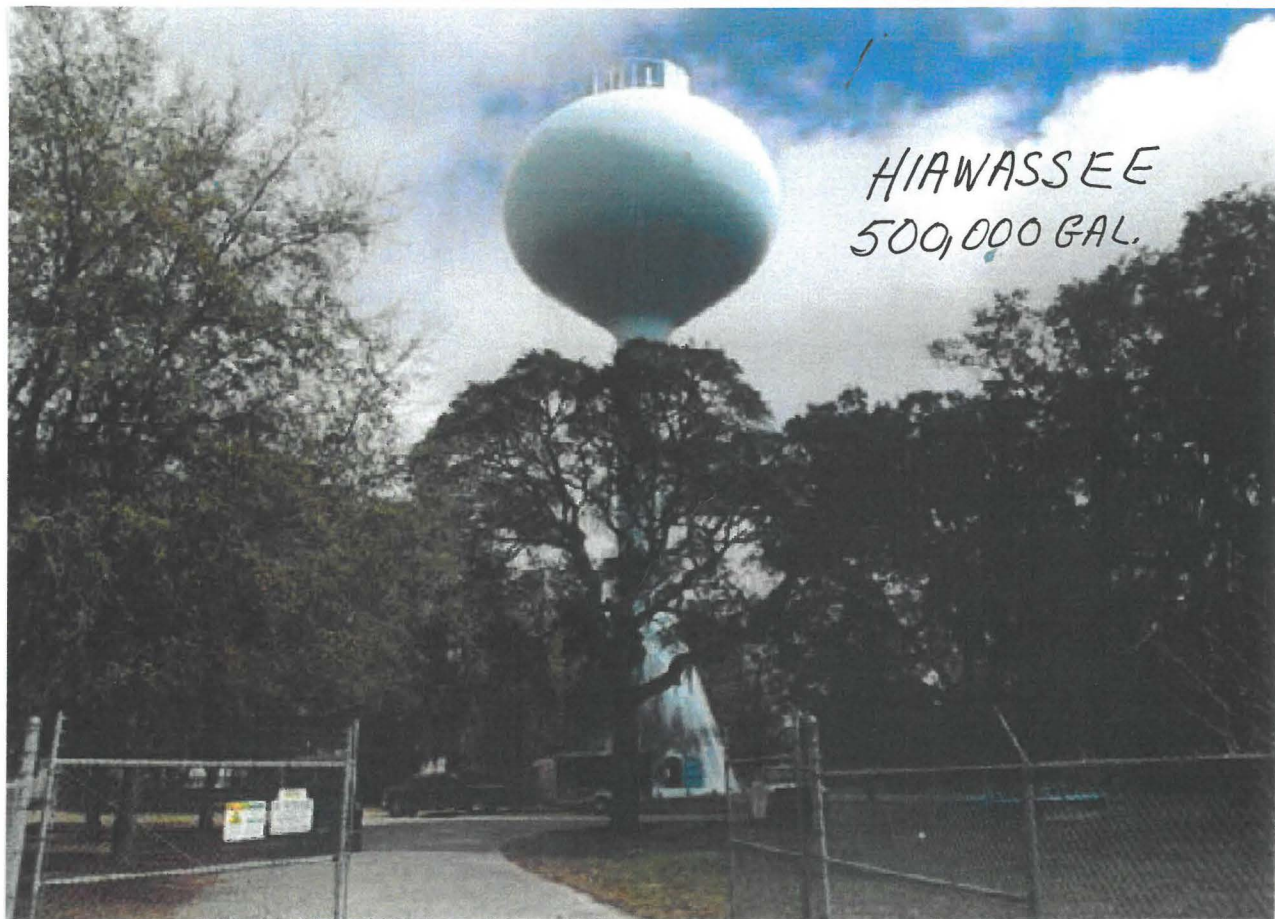
ATTACHMENT A: CAD DRAWINGS AND PHOTOGRAPHS OF THE ELEVATED TANKS



DR. PHILLIPS 750,000 GAL

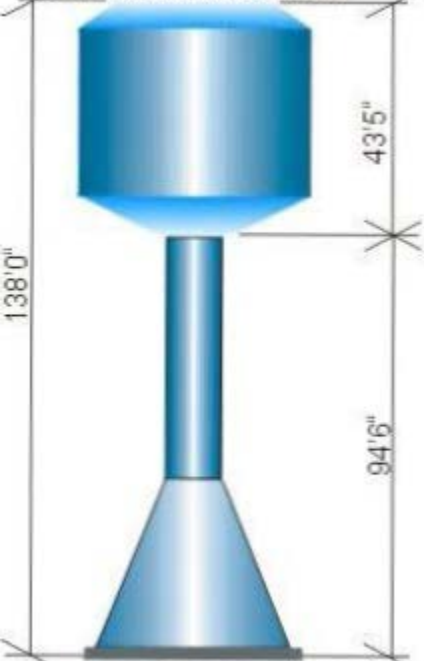


Metro West
300,000 gal.



HIAWASSEE
500,000 GAL.

.75 MILLION GALLONS



BASE PLATE ELEV. - 161.50' M.S.L.

LAT 28 27 51 51 LONG 81 29 31 57

.3 MILLION GALLONS

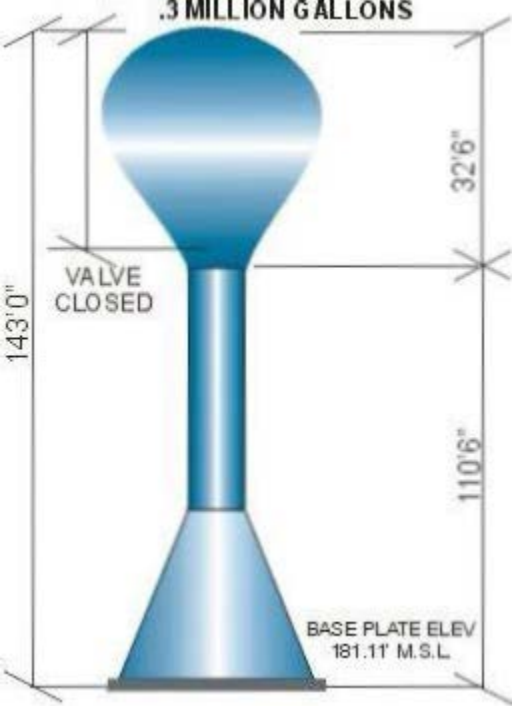
143'0"

32'6"

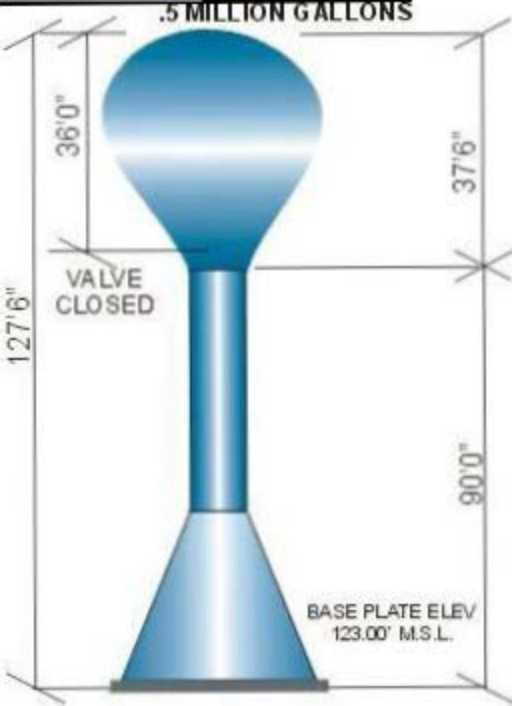
VALVE
CLOSED

110'6"

BASE PLATE ELEV
181.11' M.S.L



.5 MILLION GALLONS



36'0"

37'6"

VALVE
CLOSED

127'6"

90'0"

BASE PLATE ELEV
123.00' M.S.L.

ATTACHMENT B: ADDENDUM
ACKNOWLEDGEMENT

Addendum Acknowledgement
RFP18 4601 OQ for Water Tank Inspection and Cleaning Services

The undersigned Proposer/Bidder acknowledges receipt of the following Addenda, which have been considered in preparing this Proposal.

Addendum No. 1 _____ Dated _____

Addendum No. 2 _____ Dated _____

Addendum No. 3 _____ Dated _____

Addendum No. 4 _____ Dated _____



September 28, 2018

To: All Prospective Proposers
Subject: Addendum No. 2 to RFP18 4601 OQ for Water Tank Inspection and Cleaning Services

The purpose of this Addendum is to address clarifications and questions in response to the subject solicitation.

1. **Question:**

Would it be acceptable to use a Remote Operated Vehicle (ROV) for the cleaning and inspections in lieu of a certified diver?

Answer:

ROV's are unacceptable and we must have certified divers performing the Scope of Work under the solicitation.

2. **Question:**

The specification listed under Attachment A: VII. Water Tank Inspection (a) of the RFP, states that an in-house OUC engineer is going to sign off on each completed water tank inspection report. Does this waive the firm's requirement of having to mobilize its personnel under the responsibility of a Florida licensed professional engineer at each job site?

Answer:

Yes, this does waive the requirement.

3. **Question:**

Could you provide the addresses for the Water Production facilities?

Answer:

Due to security reasons, we are unable to release the exact addresses of the facilities. Each facility is located within a 25 mile radius of OUC's downtown location and within 25 miles of the IRP location.

The downtown location is found at:

100 West Anderson Street
Orlando, Florida 32801

The IRP location is found at:

7800 South US Highway 1
Titusville, Florida 32780

4. **Question:**

Will filtration and / or sediment bags be required on any of the tanks? It says "may be used", but it's not listed as a requirement. There is also differing language in regard to removing sediment from the job site. We generally discharge the sediment mixture into a nearby basin or storm drain; will this be acceptable on all tanks?

Answer:

Any waste material resulting from the cleaning is the responsibility of the Supplier and such waste material is required to be disposed of by the Supplier in accordance with all applicable local, state, and federal regulations. With regards to the Water Production Tanks, no filter bags were necessary in performing the services as stated under the RFP's Scope of Work. Regarding the OUC chilled water tank, if it is cleaned then the water must be vacuumed, filtered and returned to the tank. The Supplier is not allowed to discharge any water into any drains on site. All filter bags and sludge must be transported to the appropriate landfill. Ultimately, the awarded Supplier will need to take whatever steps are necessary (which may include filtration and/or sediment bags depending on the turbidity of the mixture being discharged) to comply with the prescribed statutes and regulations under Florida law.

5. Question:

There are multiple tanks with baffle walls which may require multiple access points. With the exception of Conway 3.5MG, the drawings do not show locations of hatches with respect to baffle wall locations. Do you have additional as-builts to show the access locations for these reservoirs?

Answer:

Please utilize the provided pictures in Appendices A – C on VendorLink. The PDF identified as "Appendix C Lockheed Martin Tank Photos" specifically shows where the access hatch on top of the chilled water tank is located.

6. Question:

Can a Supplier choose to bid on specific portions of the RFP, or must a Supplier bid on the entire Scope of Work?

Answer:

No, the awarded Supplier must bid on all portions of the Scope of Work.

- A. The submitted proposal must acknowledge that this Addendum was received or the participating firm could be considered non-responsive. All responses to the RFP must be received no later than 2:00 PM (EST) Friday October 5, 2018 (10/05/2018) and are to be submitted through VendorLink. Hard copies of the proposals will also be accepted at the guard's desk of the downtown Reliable Plaza location:

Orlando Utilities Commission
Reliable Plaza
Attn: Devin Finegan – 7th Floor
100 West Anderson Street
Orlando, Florida 32801

Reminder:

In other respects, except as specifically stated above, the subject RFP remains unchanged.

Note:

There shall be no communication between the Supplier, their employees, or subcontractors concerning this RFP to anyone within Orlando Utilities Commission except for the Buyer of Record.

Sincerely,

Devin M. Finegan
Associate Buyer



October 2, 2018

To: All Prospective Proposers

Subject: Addendum No. 3 to RFP18 4601 OQ for Water Tank Inspection and Cleaning Services

The purpose of this Addendum is to address clarifications and questions in response to the subject solicitation.

- A. Please utilize the revised Pricing Schedule that has been uploaded to VendorLink as “RFP18 4601 OQ Attachment B Price Schedule ISSUED rev 10-2-18” in lieu of the previous Price Schedule.
- B. All responses to the RFP must be received no later than 2:00 PM (EST) Friday October 5, 2018 (10/05/2018) and are to be submitted through VendorLink. Hard copies of the proposals will also be accepted at the guard’s desk of the downtown Reliable Plaza location:

Orlando Utilities Commission
Reliable Plaza
Attn: Devin Finegan – 7th Floor
100 W. Anderson St.
Orlando, FL 32801

- C. The submitted proposal must acknowledge that this Addendum was received or the participating firm could be considered non-responsive.

Reminder:

In other respects, except as specifically stated above, the subject RFP remains unchanged.

Note:

There shall be no communication between the Supplier, their employees, or subcontractors concerning this RFP to anyone within Orlando Utilities Commission except for the Buyer of Record.

Sincerely,

Devin M. Finegan
Associate Buyer

ATTACHMENT B: PRICING SCHEDULE FOR RFP18 4601 OQ WATER TANK INSPECTION AND CLEANING SERVICES					
DESCRIPTION	SPEC ITEM (REFERENCE ATTACHMENT A: DETAILED SCOPE OF WORK & REQUIREMENTS)	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
MOB AND DEMOB COST PER EACH ADDITIONAL INSPECTION ONLY SERVICE CALL OUT	ALL	\$ -			
MOB AND DEMOB COST PER EACH ADDITIONAL CLEANING ONLY SERVICE CALL OUT	ALL	\$ -			
MOB AND DEMOB COST PER EACH ADDITIONAL COMBINED INSPECTION AND CLEANING SERVICE CALL OUT	ALL	\$ -			
POWER PRODUCTION TANKS					
STANTON ENERGY CENTER TANKS					
LINE ITEMS I(a) - I(d) SHOULD BE ONE (1) SINGLE MOB/DEMOB					
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
THE 525,000 GALLON POTABLE WATER STORAGE TANK	I(a)	\$ -	\$ -	\$ -	\$ -
THE 147,530 GALLON UNDERGROUND CLEARWELL	I(b)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ -	\$ -	\$ -
STANTON ENERGY CENTER TANKS SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -
INDIAN RIVER PLANT TANKS					
LINE ITEMS II(b) - II(f) SHOULD BE ONE (1) SINGLE MOB/DEMOB					
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
THE 160,000 GALLON CONDENSATE STORAGE TANK	II(b)	\$ -	\$ -	\$ -	\$ -
THE 160,000 GALLON SOUTH DI STORAGE TANK	II(c)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
THE 280,000 GALLON POTABLE WATER STORAGE TANK	II(d)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
THE 280,000 GALLON RAW WATER STORAGE TANK	II(e)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
THE 400,000 GALLON NORTH DI STORAGE TANK	II(f)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ -	\$ -	\$ -
INDIAN RIVER PLANT TANKS SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -
WATER PRODUCTION TANKS					
LINE ITEMS VI(a) - VI(b) SHOULD BE ONE (1) SINGLE MOB/DEMOB					
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 1	VI(a)	\$ -	\$ -	\$ -	\$ -
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 2	VI(b)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(a)	\$ -	\$ -	\$ -
SKY LAKE, 3 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(c)	\$ -	\$ -	\$ -	\$ -
LINE ITEMS VI(d) - VI(e) SHOULD BE ONE (1) SINGLE MOB/DEMOB					
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(d)	\$ -	\$ -	\$ -	\$ -
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(e)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(d)	\$ -	\$ -	\$ -
LINE ITEMS VI(f) - VI(g) SHOULD BE ONE (1) SINGLE MOB/DEMOB					
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
CONWAY 3.5 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(f)	\$ -	\$ -	\$ -	\$ -
CONWAY 2 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(g)	\$ -	\$ -	\$ -	\$ -
NAVY, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(h)	\$ -	\$ -	\$ -	\$ -
LAKE HIGHLAND, 5 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK	VI(i)	\$ -	\$ -	\$ -	\$ -
KIRKMAN, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(j)	\$ -	\$ -	\$ -	\$ -
SOUTHEAST, 1 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(k)	\$ -	\$ -	\$ -	\$ -
HIAWASSEE, .5 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(l)	\$ -	\$ -	\$ -	\$ -
METRO WEST, .3 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(m)	\$ -	\$ -	\$ -	\$ -
DR. PHILLIPS, .75 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(n)	\$ -	\$ -	\$ -	\$ -
WATER PRODUCTION TANKS SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -
CHILLED WATER TANK					
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK
CONSIST OF A 10 YEAR TANK INSPECTION AND SILT/SEDIMENT VACUUMING. THE SILT/SEDIMENT IS NOT REQUIRED TO BE FILTERED AND WILL BE DISCHARGED INTO THE SANITARY SEWER LOCATED NEXT TO THE TANK	XI	\$ -	\$ -	\$ -	\$ -
CHILLED WATER TANK SUBTOTAL COST		\$ -	\$ -	\$ -	\$ -
GRAND TOTAL COST MOB/DEMOB, INSPECTION, & CLEANING		\$ -	\$ -	\$ -	\$ -

Pricing Clarifications:	
(1) Is the price firm for the duration of the contract term?	Yes _____ No _____
(2) Does your firm utilize robots for any part of the inspections?	Yes _____ No _____
(3) Can your firm perform the work within the times specified for each tank?	Yes _____ No _____
If no, please specify when your firm could complete the work for the tanks.	
(4) Does your firm video the inspections or photograph only?	Video Inspection _____ Photograph Inspection _____ Both _____ Other _____
(5) Does your firm offer any discounted payment terms for early payment?	Yes _____ No _____
If yes, please specify the discounted payment term offered by your firm.	

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REVISED 10-27-16

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GC 1.0 ENTIRE CONTRACT.

These General Terms and Conditions and the Contract for which they are being provided (including attachments thereto) (the "Contract") constitute the entire Contract between OUC and the Party providing goods, materials or services under the Contract (the "Supplier")

GC 2.0 SCOPE.

Supplier shall provide those services and related materials and equipment set forth in the Specifications of the Bid Package (the "Services") on or before the agreed dates (if applicable) scheduled for the performance of the Services.

GC 3.0 INSPECTION, ACCEPTANCE OR REJECTION OF GOODS AND SERVICES

All goods and services shall be subject to OUC's inspection at any time. OUC may accept or reject any or all goods and services within a reasonable time after receipt by OUC. The making or failure to make any inspection of, or payment for or acceptance of the goods and services shall in no way impair OUC's right to reject or revoke its acceptance of nonconforming goods and services, or to avail itself of any other remedies to which OUC may be entitled, notwithstanding OUC's knowledge of the nonconformity, its substantiality or ease of discovery.

GC 4.0 TITLE TO EQUIPMENT.

Title, free of any and all liens and encumbrances, and risk of loss or damage to materials and equipment provided by Supplier as part of the Services shall pass to OUC upon installation at the OUC designated facility at which the Services are to be performed (the "Facility").

GC 5.0 SITE ACCESS CONDITIONS.

OUC shall provide Supplier access to the Facility as necessary to perform the Services. Access shall be subject to Supplier's obligation to comply with the following conditions:

- 5.1** Supplier shall confine its activities to only those portions of the Facility necessary for performance of the Services.
- 5.2** Supplier shall take all safety measures reasonably necessary to protect OUC, its permittees and licensees and the property of each, from injury or damage caused by or resulting from the performance of Services. Supplier shall follow any and all safety and security procedures established by OUC for the Facility. In the event of a security emergency, OUC may deny Supplier access to a Facility or request that Supplier leave the Facility.
- 5.3** Supplier's performance of Services shall not interfere with the use, occupancy or enjoyment of the Facility by OUC.
- 5.4** No work or activity performed as part of the Services shall cause OUC to be in

violation of any requirement of law nor shall Supplier or any agent, employee or representative violate any federal, state or local laws while performing Services.

GC 6.0 DRUG FREE WORKPLACE.

The Supplier's and subcontractor's personnel who perform the work in connection with this Contract shall conform to the Orlando Utilities Commission (OUC) Alcohol and Controlled Substance Abuse Policy. This policy may be found on the Orlando Utilities Commission's website, www.ouc.com under "Supplier Information".

GC 7.0 PROTECTION OF PROPERTY AND PUBLIC LIABILITY.

The Supplier shall be accountable for any damages resulting from his operations. He shall be fully responsible for the protection of all persons including members of the public, employees of OUC, and employees of other Suppliers or Subcontractors, and all public and private property including structures, sewers, and utilities, above and below ground.

GC 8.0 INSURANCE.

Except as otherwise specified in this Contract, the Supplier and his subcontractors of any tier will be required at their own expense to maintain in effect at all times during the performance of the work insurance coverages with limits not less than those set forth below with insurers and under forms of policies satisfactory to OUC. It shall be the responsibility of the Supplier to maintain adequate insurance coverage and to assure that subcontractors are adequately insured at all times. Failure of the Supplier to maintain adequate coverage shall not relieve him of any contractual responsibility or obligation.

The requirements specified herein as to types, limits, and OUC's approval of insurance coverage to be maintained by the Supplier and his subcontractors are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the Supplier and his subcontractors under this Contract.

Any insurance carried by OUC that may be applicable shall be deemed to be excess insurance and the Supplier's insurance primary for all purposes despite any conflicting provision in the Supplier's policies to the contrary.

8.1 Certificates of Insurance.

At the time of execution of this Contract and each subcontract, but in any event prior to commencing work at the jobsite, and as a condition precedent to the Supplier's and his subcontractors' initiation of performance, the Supplier and his subcontractors shall furnish OUC with certificates of insurance as evidence that policies providing the required coverage and limits of insurance are in full force and effect. The certificates shall provide that any Supplier issuing an insurance policy for the work under this Contract shall provide not less than 30 days advance notice in writing to OUC prior to cancellation, termination, or material change of any policy of insurance. In addition, the Supplier shall immediately provide written notice to OUC upon receipt of notice of

cancellation of an insurance policy or a decision to terminate or alter an insurance policy. All certificates of insurance shall clearly state that all applicable requirements have been satisfied, including certification that the policies are of the "occurrence" type. Certificates of insurance for Supplier- and subcontractor-furnished insurance and notices of any cancellations, terminations, or alterations of such policies shall be mailed to OUC, at the addresses listed in the Contract.

8.2 Additional Insureds.

All insurance coverages furnished under this Contract except Workers' Compensation, Employers' Liability and Professional liability shall include OUC, and their partners, commissioners, directors, officers, agents, and employees as additional insureds with respect to the activities of the Supplier and his subcontractors.

Notwithstanding any other provision of these policies, the insurance afforded shall apply separately to each insured, named insured, or additional insured with respect to any claim, suit, or judgment made or brought by or for any other insured, named insured, or additional insured as though a separate policy had been issued to each.

OUC shall not by reason of their inclusion under these policies incur liability to the insurance carrier for payment of premium for these policies.

8.3 Waiver of Subrogation.

The Supplier and his subcontractors shall require their insurance carriers, with respect to all insurance policies, to waive all rights of subrogation against OUC, their partners, commissioners, directors, officers, agents, and employees and against other Suppliers and subcontractors.

8.4 Workers' Compensation and Employer's Liability.

This insurance shall protect the Supplier against all claims under applicable state workmen's compensation laws. The Supplier shall also be protected against claims for injury, disease, or death of employees that, for any reason, may not fall within the provisions of a workmen's compensation law. This policy shall include an "all states" or "other states" endorsement.

Exemption certificates shall be accepted if valid during the term of the Contract, but only for those eligible corporate officers pursuant to Chapter 440, Florida Statutes. Proof of workers' compensation coverage must still be provided for all employees, sub-contractors not eligible for exemption.

The liability limits shall not be less than:

Workers' compensation	Statutory
Employer's liability	\$1,000,000 each occurrence

8.5 Comprehensive Automobile Liability.

This insurance shall be written in comprehensive form and shall protect the Supplier and the additional insureds against all claims for injuries to members of the public and damage to property of others arising from the use of motor vehicles, and shall cover operation on or off the site of all motor vehicles licensed for highway use, whether they are owned, non-owned, or hired.

The liability limits shall not be less than:

Bodily injury and property damage	\$1,000,000 limit each occurrence
-----------------------------------	-----------------------------------

8.6 Commercial General Liability.

This insurance shall be an "occurrence" type policy (excluding automobile liability) written in comprehensive form and shall protect the Supplier and the additional insureds against all claims arising from bodily injury, sickness, disease, or death of any person or damage to property of OUC or others arising out of any act or omission of the Supplier or his agents, employees, or subcontractors. This policy shall also include protection against claims insured by usual bodily injury liability coverage, a "contractual liability" endorsement to insure the contractual liability assumed by the Supplier under the article entitled INDEMNIFICATION, and "Completed Operations and Products Liability" coverage (to remain in force for 2 years after final payment and subsequent to project completion). OUC may allow in its sole discretion, a combination of General Liability coverage and Umbrella coverage to satisfy required liability limits

If the Supplier's work, or work under its direction, requires blasting, explosive conditions, or underground operations, the comprehensive general liability coverage shall contain no exclusion relative to blasting, explosion, collapse of structures, or damage to underground property.

The liability limits shall not be less than:

Bodily injury and property damage	\$2,000,000 limit each occurrence
-----------------------------------	-----------------------------------

GC 9.0 WARRANTY .

The Supplier warrants that all the services furnished hereunder shall be produced and furnished in compliance with all applicable federal state and local laws, orders and regulations. OUC shall have the benefit of all warranties implied at law, and all express warranties made by the Supplier. Unless others specified herein, the Supplier shall obtain all permits necessary for performance under this Contract. Supplier warrants that the Services performed hereunder will reflect competent professional knowledge and judgment.

GC 10.0 PAYMENT OF INVOICES.

Payment of each Supplier invoice by OUC shall be made within thirty (30) Days after the date of receipt of Supplier's invoice and verification of compliance of the Services with the terms of the Specifications of the Bid Package. OUC reserves the right to withhold payment for any non-conforming Services provided by Supplier.

GC 11.0 INDEMNIFICATION.

Supplier shall to the maximum extent permitted by law defend, indemnify, and hold harmless OUC, its commissioners, officers, directors, and employees from and against all claims, damages, losses, and expenses, (including but not limited to fees and charges of attorneys or other professionals and court and arbitration or other dispute resolution costs) arising out of or resulting from (i) all third party claims for labor and materials furnished under the Specifications of the Bid Package for which OUC may become liable for payment under the laws of the state, (ii) the performance of Services by Supplier or any person or organization directly or indirectly employed by the Supplier to furnish any of the Services or anyone for whose acts any of them may be liable, (iii) breach of the terms of the Contract by Supplier or any person or organization directly or indirectly employed by the Supplier to perform any of the Services, (iv) violations of applicable law by Supplier or any person or organization directly or indirectly employed by the Supplier to perform any of the Services or anyone for whose acts any of them may be liable, (v) injury or disease or death of third parties (including OUC employees and agents and those of Supplier), or damage to property caused by the negligence, strict liability or willful misconduct of the Supplier or any person or organization directly or indirectly employed by the Supplier to perform any of the Services or anyone for whose acts any of them may be liable. Notwithstanding anything in this Section to the contrary, the liability of Supplier under this Section for the indemnification of OUC, its commissioners, officers, directors and employees shall not exceed the greater of (i) the price paid by OUC under the Contract for the Services or (ii) Two (2) Million Dollars.

GC 12.0 TERMINATION FOR DEFAULT.

If the work to be done under this Contract is abandoned by the Supplier; or if this Contract is assigned by him without the written consent of the OUC; or if the Supplier is adjudged bankrupt; or if a general assignment of his assets is made for

the benefit of his creditors; or if a receiver is appointed for the Supplier or any of his property; or if he fails to properly manage the work; or if he persistently refuses or fails to supply enough properly skilled workmen or proper material; or if he fails to make prompt payment to Subcontractors for material or labor; if the performance of the work under this Contract is being unnecessarily delayed; the Supplier is violating any of the conditions of this Contract; he is executing the same in bad faith or otherwise not in accordance with the terms of said Contract; or if the work is not substantially completed within the time named for its completion or within the time to which such completion date may be extended; then OUC may serve written notice upon the Supplier of said OUC's intention to terminate this Contract. Unless within 10 business days after the serving of such notice an arrangement satisfactory to OUC is made for continuance of this Contract. OUC may, at its option, terminate this Contract. OUC may further pursue any rights or remedies to which it may be entitled at law or in equity.

If, after termination pursuant to this article, it is determined for any reason that the Supplier was not in default, the rights and obligations of the parties shall be the same as if the notice of termination had been issued pursuant to Article GC.13, TERMINATION FOR OUC'S CONVENIENCE.

GC 13.0 TERMINATION FOR OUC'S CONVENIENCE.

OUC shall have the right in its sole discretion to terminate by written notice, in whole or in part, the Contract for its convenience. OUC shall pay Supplier for any Services performed under the Specifications of the Bid Package prior to the termination date.

GC 14.0 LAWS AND REGULATIONS.

The Supplier shall observe and comply with all ordinances, laws, codes and regulations, and shall protect and indemnify OUC and OUC's commissioners, officers and agents against any claim or liability arising from or based on any violation of the same. Supplier shall be responsible for obtaining and maintaining any licenses, permits, and/or other authorizations of any kind required for the performance of the Services.

GC 15.0 TAXES AND PERMITS.

The Supplier shall pay all sales, use, and other taxes that are lawfully assessed against OUC or Supplier in connection with the work included in this Contract and shall obtain and pay for all licenses and inspections required for the work.

GC 16.0 INDEPENDENT CONTRACTOR.

The relation of the Supplier to OUC shall be that of an independent Contractor.

GC 17.0 HAZARDOUS MATERIALS.

Any Hazardous Material associated with this Contract shall be used, kept, stored and disposed of by Supplier in a manner that complies with all federal, state and local laws or regulations applicable to any Hazardous Material.

GC 18.0 REGULATORY COMPLIANCE.

Supplier warrants that it shall comply, when applicable, with all federal, state and local laws and regulations including but not limited to the following:

- (a) Comprehensive Environmental Response, Compensation and Liability Act of 1980 as amended by the Superfund Amendment and Reauthorization Act of 1986 ("SARA"), 42 U.S.C. §9601, et seq. (hereinafter collectively "CERCLA");
- (b) Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 ("RCRA") and subsequent Hazardous and Solid Waste Amendments of 1984, also known as the 1984 "RCRA" amendments, 42 U.S.C. §6901 et seq.;
- (c) Toxic Substance Control Act, as amended, 15 U.S.C. §2601 et seq.;
- (d) Hazardous Material Transportation Act, 49 U.S.C. §1801, et seq.;

Any other federal, state or local law, regulation, ordinance or order pertaining to the environment not included above.

GC 19.0 PROJECTS REQUIRING NOTIFICATION OF ENVIRONMENTAL DEPARTMENT.

If Supplier determines that it will become necessary as part of the Services to excavate soils or pump groundwater or storm water and such activities were not contemplated under the Specifications of the Bid Package as awarded, Supplier may not proceed with that portion of the Services until notice has been provided to OUC and OUC's approval to proceed has been granted.

GC 20.0 WAIVERS

The failure of either Party to enforce at any time any of the provisions of the Contract or to require at any time performance by the other Party of any of such provisions, shall in no way be construed to be a waiver of such provision, nor in any way to affect the validity of the Contract, or any parts thereof, or the right of either Party thereafter to enforce each and every provision.

GC 21.0 NO THIRD PARTY BENEFICIARIES.

The provisions of the Contract are only for the benefit of the Parties hereto and not for any other legal entity or person.

GC 22.0 SEVERABILITY.

Should any of the provisions of the Contract, or parts thereof, be held invalid, such provisions, or parts thereof, shall be considered severable and such invalidity shall not affect the remainder of the Contract.

GC 23.0 ASSIGNMENT AND SUBLETTING OF CONTRACT.

The Supplier shall not assign or sublet the work, or any part thereof, without the previous written consent of OUC, nor shall he assign, by power of attorney or otherwise, any of the money payable under this Contract unless by and with the like consent of OUC to be signified in like manner.

GC 24.0 FINAL PAYMENT/WAIVER.

The acceptance by the Supplier of the last payment from OUC under the Contract shall be a release to OUC and every officer and agent thereof, from all claims and liability hereunder for anything done or furnished for, or relating to the work performed under the Specifications of the Bid Package, or for any act or neglect of OUC or of any person relating to or affecting the work performed under that Contract.

GC 25.0 CLAIMS FOR LABOR.

The Supplier shall indemnify and save harmless OUC from all claims for labor and materials furnished under this Contract. When requested by OUC, the Supplier shall submit satisfactory evidence that all persons, firms, or corporations who have done work or furnished materials under this Contract, for which OUC may become liable under the laws of the state, have been fully paid or satisfactorily secured. In case such evidence is not furnished or is not satisfactory, an amount will be retained from money due the Supplier which in addition to any other sums that may be retained will be sufficient, in the opinion of OUC, to meet all claims of the persons, firms, and corporations as aforesaid. Such sum shall be retained until the liabilities as aforesaid are fully discharged or satisfactorily secured.

Before final acceptance of the work by OUC, the Supplier shall submit to OUC in duplicate a notarized affidavit stating that all Subcontractors, vendors, persons or firms who have furnished labor or materials for the work have been fully paid and that all taxes have been paid. A statement from the Surety shall also be submitted consenting to the making of the final payment (when a Performance Bond is provided).

GC 26.0 BINDING EFFECT.

All of the provisions of the Contract shall be binding upon and inure to the benefit of and be enforceable by the legal representatives, successors and assignees of OUC and Supplier.

GC 27.0 TIME IS OF THE ESSENCE.

Time is hereby declared of the essence in the performance of each and every provision of the Contract.

GC 28.0 RIGHT TO INSPECT/AUDIT DOCUMENTS.

During the term of this Contract and for a period of three years following its termination, OUC shall have the right, at reasonable times and upon reasonable notice, to audit and inspect, any and all of the records having a bearing upon matters dealing with the Contract. Supplier shall grant representatives of OUC full access to these records to the extent necessary to adequately permit evaluation and verification of compliance with the terms and conditions of this Contract specifically including cost and allocations. Should Contractor have Service Organization Control (SOC) audits, Contractor shall provide, upon OUC request, a copy of their SSAE-16 SOC1 or SOC2 audit reports.

GC 29.0 GOVERNING LAWS.

The validity, construction, and performance of the Contract, shall be governed exclusively by the laws of the State of Florida. Venue shall be any court of competent jurisdiction located in Orange County, Florida. The Parties agree that in no event shall the Uniform Law on the Formation of Contracts for the Sale of Goods, based upon the United Nations Convention on Contracts for the International Sale of Goods (CISG) be applicable to this Contract.

GC 30.0 FORCE MAJEURE.

30.1 Supplier Force Majeure Delay.

Supplier will not be liable for failure to perform any obligation or delay in performance of Work resulting from any cause beyond the reasonable control of Supplier, or from any act of God; act of civil or military authority; act of war whether declared or undeclared; act (including delay, failure to act, or priority) of any governmental authority (federal, state or local); civil disturbance; insurrection or riot; sabotage; fire; inclement weather conditions; earthquake; or flood. Notwithstanding the above, Supplier shall not be excused from performance of any service under this Article GC. 30 for any cause resulting from the negligence of Supplier or failure to properly assess the availability of laborers, skilled trades or other workers or the timing of its service.

30.2 Extension of Services Schedule.

In the event of a delay or interruption in performance of service excusable under this Article GC. 30, the time of performance of such service by Supplier will be extended by a period of time the Parties agree is reasonably necessary to overcome the effects of the delay. An extension of time shall be the sole and exclusive remedy for any damages due to delay, including but not limited to loss of profits, loss of use, equipment rental or overhead expenses.

30.3 OUC Termination for Excessive Delay.

If due to the conditions specified above Section 30.1 the Supplier's service is delayed for a period of more than ninety (90) Days, OUC may terminate the Contract and shall have no further liability to Supplier except for payment for services completed in accordance with the Contract up to the termination date.

GC 31.0 DISPUTE PROCESS.

31.1 General.

31.1.1 The procedures specified herein shall be the sole and exclusive procedures for the resolution of disputes between the Parties arising out of or relating to this Contract. The Parties will participate in good faith in the procedures specified in this Section.

- 31.1.2. All applicable statutes of limitation and defenses based upon the passage of time shall be tolled while the procedures specified in this Section are pending. The Parties will take such action, if any, required to effectuate such tolling.
- 31.1.2 In the event of any dispute under this Contract which cannot be readily resolved, it shall be referred to the appropriate executives of the respective Parties to this Contract (hereinafter "Party" or "Parties") for negotiation and resolution as described below.
- 31.1.3 If the dispute has not been resolved by negotiation or mediation as provided herein within sixty (60) days of the initiation of such mediation procedure, either Party may initiate litigation upon ten (10) days' written notice to the other Party; provided, however, that if one Party has requested the other to participate in a nonbinding procedure, as provided for under this Section, and the other has failed to participate, the requesting Party may initiate litigation before expiration of the above period.

31.2 Disputes.

- 31.2.1 Disputes, as defined herein and under the Contract, include disagreements, claims, counterclaims, matters in question, and differences of opinion between OUC and Supplier, regarding the Work and modifications or changes to the Work. Disputes may involve interpretation of Contract Documents, acceptability of the Work, costs and/or time for performance.
- 31.2.2 Disputes may also involve other subjects mutually agreed by OUC and Supplier.

31.3 Payment Disputes.

- 31.3.1 If a dispute arises between the Supplier and OUC, the dispute shall be submitted to an appropriate panel assembled by the Manager of Purchasing no later than forty-five (45) days after receipt of the disputed payment. OUC shall render a final decision on the disputed payment within sixty (60) days after receipt of the invoice.
- 31.3.2 If the dispute is decided in favor of OUC, interest shall begin to accrue fifteen (15) days after the decision is announced.
- 31.3.3 If the dispute is decided in favor of Supplier, interest shall accrue as of the original date the payment became due.
- 31.3.4 The panel's final decision can be taken as a Contract dispute through the process outlined below.

31.4 Step Negotiations.

- 31.4.1 Either Party may give the other Party written notice of any dispute not resolved in the normal course of business. Executives of both Parties at levels one step above the project personnel who have not previously been involved in the dispute shall meet at a mutually acceptable time and place within ten (10) days after delivery of such notice and thereafter as often as they reasonably deem necessary, to exchange relevant information and to attempt to resolve the dispute. If the matter has not been resolved by these persons within thirty (30) days of the disputing party's notice, or if the Parties fail to meet within ten (10) days, the dispute shall be referred to senior executives of both Parties who have authority to settle the dispute and who shall likewise meet to attempt to resolve the dispute. If the matter has not been resolved within thirty (30) days from the referral of the dispute to senior executives, or if no meeting of senior executives has taken place within fifteen (15) days after such referral, either Party may initiate mediation as provided hereinafter.
- 31.4.2 All negotiations pursuant to this Section shall be confidential and shall be treated as compromise and settlement negotiations for purposes of the Federal Rules of Evidence and state rules of evidence.

31.5 Mediation.

- 31.5.1 If the dispute has not been resolved by negotiation as provided herein, the Parties shall endeavor to settle the dispute by mediation. Either Party may initiate a mediation proceeding by a request in writing to the other Party. Thereupon, both Parties will be obligated to engage in mediation. The proceeding will be conducted in accordance with the then current Center for Public Resources ("CPR") Model Procedure for Mediation of Business Dispute or other mutually agreed upon procedures, with the following exceptions:
- 31.5.1.1 If the Parties have not agreed within thirty (30) days of the request for mediation on the selection of a mediator willing to serve, the CPR, upon the request of either Party, shall appoint a member of the CPR Panel of Neutrals as the mediator; and
- 31.5.1.2 Efforts to reach a settlement will continue until the conclusion of the proceeding, which is deemed to occur when: a) a written settlement is reached, or b) the mediator concludes and informs the Parties in writing that further efforts would not be useful, or c) the Parties agree in writing that an impasse has been reached. Neither Party may withdraw before the conclusion of the proceeding.

31.5.2 The Parties regard the aforesaid obligation to mediate as an essential provision of this Contract and one that is legally binding on them. In case of a violation of such obligation by either Party, the other may bring an action to seek enforcement of such obligation in any court of law having jurisdiction thereof.

31.6 Litigation.

31.6.1 If the dispute has not been resolved by negotiation or mediation as provided herein within sixty (60) days of the initiation of such mediation procedure, either Party may initiate litigation upon ten (10) days written notice to the other Party; provided, however, that if one Party has requested the other to participate in a nonbinding procedure, as provided for under this Section, and the other has failed to participate, the requesting Party may initiate litigation before expiration of the above period.

31.6.1.1 All applicable statutes of limitation and defenses based upon the passage of time shall be tolled while the procedures specified in this Section are pending. The Parties will take such action, if any, required to effectuate such tolling.

31.6.1.2 Claims, counterclaim, disputes, and other matters in question between OUC and Supplier that are not resolved will be decided in the Ninth Judicial Circuit, in and for Orange County, Florida, which shall have exclusive jurisdiction and venue over all matters in question between OUC and Supplier.

GC 32.0 OUC'S EQUIPMENT.

Supplier assumes sole liability and responsibility for all injuries, claims, damages, losses or expenses which arise out of or result from the use of any OUC tools, vehicles, or other equipment whether borrowed or leased, to perform any work or service under this Contract. Supplier acknowledges that any OUC equipment made available for use by Supplier, Subcontractor, employee or agent is provided "as is" and utilized by Supplier at its own risk. Supplier agrees to fully indemnify OUC, its commissioners, officers, officials, employees, and agents for personal injury including death and/or property damage which results from or arises from the use of OUC equipment while under Supplier's custody and control and to immediately repair or replace borrowed equipment which is damaged or lost.

GC 33.0 CONDITIONS FOR EMERGENCY/HURRICANE OR DISASTER.

It is hereby made a part of this Contract that before, during and after a public emergency, disaster, hurricane, flood, or other acts of God that OUC shall require a "first priority" basis for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation which threatens public health and safety, as determined by OUC. Supplier/Contractor agrees to rent/sell/lease all goods and to provide services to OUC on a first priority basis.

OUC expects to pay contractual prices for all products or services required during an emergency situation. Supplier/Contractor shall furnish a twenty-four (24) hour phone number in the event of such an emergency.

GC 34.0 INFRINGEMENT OF PATENTS, COPYRIGHTS AND TRADE SECRETS

Supplier warrants that it holds all right, title and interest to, or has sufficient license rights in, any patents, copyrights, trade secrets or other proprietary right necessary to perform the Services and produce the Work Products and any licensing fees or royalties required to allow OUC to utilize the Services and Work Products are included as part of the Contract Price for each Work Order. Supplier further warrants that OUC's (including its contractors and agents) use of the Services and Work Products shall not infringe upon the patents, copyright, trade secrets or other intellectual property of third parties. Supplier will, at its own expense, defend or at its option settle any suit or proceeding brought against OUC so far as based on an allegation that any Services or Work Products (or any part thereof), or use thereof for its intended purpose, constitutes an infringement of any patent, copyright, trade secret or other proprietary right of a third party. Supplier will pay the damages and costs awarded in any suit or proceeding so defended. In case any suit or proceeding so defended is held to constitute infringement or its use by OUC is enjoined, Supplier will, at its option and its own expense, either: (a) procure for OUC the right to continue using said Services or Work Products; (b) replace them with substantially equivalent non-infringing Services or Work Products; or (c) modify them so they become non-infringing.

GC 35.0 PUBLIC RECORDS NOTICE

IF THE SUPPLIER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUPPLIER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE TELEPHONE NUMBER, EMAIL ADDRESS AND MAILING ADDRESS PROVIDED BELOW.

Supplier acknowledges that OUC is subject to Chapter 119, Florida Statutes ("Public Records Law") and that any record (regardless of form or format) created to memorialize OUC business or used to make OUC business decisions is considered a public record, unless exempted or deemed confidential by law or the Florida Constitution ("OUC Business Records"). Any OUC Business record provided to or generated by Supplier coincident with performing Services under this Contract (Agreement) must be kept and maintained in accordance with the Public Records Law. Any such OUC Business Records held by Supplier must also be made available to the public for inspection or copying, within a reasonable time if requested under the Public Records Law. Further, upon request of OUC's records custodian, Supplier shall provide OUC a copy of the requested OUC Business Records or allow such records to be inspected or copied, within a reasonable time, at a cost that does not exceed the rate provided in the Public Records Law.

Supplier shall ensure that OUC Business Records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the

Supplier does not transfer the records to OUC. Upon completion of the [Contract][Agreement], Supplier may transfer, at no cost to OUC, all OUC Business Records in possession of Supplier or keep and maintain OUC Business Records required by OUC to perform the services or work.

If Supplier receives a public records request for any OUC Business Records, Supplier shall notify OUC's Records Custodian in writing by email or US Mail at the following email address and provide OUC a copy of the request:

Custodian of Records
c/o Orlando Utilities Commission
100 West Anderson Street
Orlando, Florida 32801
Email: recordscustodian@ouc.com
Telephone: (407) 434-2160

Supplier shall provide any OUC Business Records responsive to the public records request to OUC along with the above notice. Supplier shall respond to the requestor within one working day from the date of receiving the public records request that all requests for such information should be provided to the OUC Records Custodian at the above address and email. Supplier shall keep all OUC Business Records stored in separate files (both hard copy and electronic) to minimize the chances of exposing Supplier files to a public records dispute.

Supplier shall routinely demonstrate that any electronic OUC public records can be transferred to OUC in a format that is compatible with OUC and industry standards (e.g. ASCII Text, Adobe PDF, XML, EDIF, CSV, etc.). Encryption of files and data must be accompanied with the appropriate mechanisms to transfer the data successfully (e.g. passwords, cipher, PGP, and SSL keys). Upon request from a member of the public, from OUC, or at the termination of services, Supplier shall provide any or all records in the OUC supported format.

If the Supplier transfers all OUC Business Records to OUC upon completion of the Contract, Supplier shall destroy any duplicate OUC Business Records that are exempt or confidential and exempt from public records disclosure requirements. If the Supplier keeps and maintains OUC Business Records upon completion of the Contract, the Supplier shall meet all applicable requirements for maintaining public records.

SUPPLIER'S PROPOSAL



October 5, 2018

Mr. Devin Finegan
Orlando Utilities Commission
Reliable Plaza
100 West Anderson Street
Orlando, FL 32801

RE: RFP 18 4601 OQ – Water Tank Cleaning and Inspection Services-Underwater Solutions Inc.'s Bid Submittal Package

Mr. Finegan,

Enclosed please find Underwater Solutions Inc.'s executed bid submittal package for the water tank inspection and cleaning services requested (RFP 18 4601 OQ).

We have also included a full qualifications package outlining our company's quality assurance procedures, safety procedures, our inspectors' (divers') credentials / certifications, current insurance certificates, as well as a copy of our general HASP, JSA and Matrix.

Please also find the following information relating to our company, as requested on page 10 of 41 of the subject Request for Proposal:

- **Complete Business Address**-P.O. Box 208, Mattapoisett, MA 02739 (Mailing); 4 Church Street Ext., Mattapoisett, MA 02739 (Physical)
- **State of Incorporation**-Massachusetts
- **Number of Years in Business**-26 years
- **Name and Contact Information of Key Personnel**- David M. Cornish, Director of Operations, Office Phone-(508) 758-6126, Cell Phone-(774) 320-5378, Email-office@underwatersolutionsinc.com
- **Women or Minority Owned Business Status**-N/A
- **Dun & Bradstreet Number**-608576377
- **Licenses Obtained to Conduct Business with OUC**-Registered with Florida Secretary of State to Conduct Business in the State of Florida (Copy of Florida Secretary of State registration is enclosed in Underwater Solutions Inc.'s Qualifications Package)

If you have any questions or would like additional information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cornish".

David M. Cornish
Director of Operations
UNDERWATER SOLUTIONS INC.
O: 508-758-6126
C: 774-320-5378



October 5, 2018

Mr. Devin Finegan
Orlando Utilities Commission (OUC)
100 West Anderson Street
Orlando, FL 32801

Dear Devin,

I would like to thank you for your consideration of Underwater Solutions Inc. to conduct the inspection and cleaning of your water storage facilities per OUC RFP 18 4601 OQ – Water Tank Cleaning & Inspection Services.

As requested, please find attached a proposal for the inspections and cleanings of the (25) water storage tanks.

Should you wish to proceed, we are also including a copy of an agreement to conduct this work. Please sign and return one copy to us at your earliest convenience, allowing a date to be reserved for your project.

Upon completion of this work, comprehensive reports of our findings and corresponding photographs will be submitted.

If you have any questions or would like additional information, please contact me.

Again, I would like to thank you for your consideration of *U_S*.

Sincerely,

UNDERWATER SOLUTIONS INC.

A handwritten signature in black ink, appearing to read 'David M. Cornish', written over a horizontal line.

David M. Cornish
Director of Operations

DMC/klp
Enclosures

**PROPOSAL FOR THE INSPECTIONS AND CLEANINGS OF THE
(25) WATER STORAGE TANKS**

OUC RFP 18 4601 OQ – WATER TANK CLEANING & INSPECTION SERVICES

**ORLANDO UTILITIES COMMISSION
ORLANDO, FLORIDA**

PERSONNEL & GEAR: Divers / Tender

Complete Sterile Inspection/Cleaning Dive Station
(All gear sanitized and utilized only in potable water.)

4” Pump	Volume Tank and Filter
3” Suction Hose	Communications Box
3” Discharge Hose	200 ppm Chlorine Solution
25 CFM Compressor	Camera
400’ Dive Rig	Manifold
Ladder	Dry Suit
Bailout Bottle	SuperLite Helmet
Emergency Air	Miscellaneous Tools

Comprehensive reports and corresponding photographs
to be submitted after completion of work.

COST: While mobilized in Florida:

Inspect and clean up to 4” of sediment, all (25) tanks: **\$91,640.00***

See Attached for Individual Pricing Per Tank

All sites must be maintained to allow a truck and trailer to mobilize to within 25’ of the tank, allow access around the circumference of the tank, and have good, sound ladder access to the rooftop. *All entry hatches must function allowing internal access to each tank and personnel must be available to mobilize to site locations. **If this structure or any structure to be inspected have only bolt-on entry hatches, these bolt-on entry hatches must be removed prior to our arrival and re-secured by the customers personnel at the completion of this project. At the time this project is to be conducted, the water level within this structure must be as full as possible or within 10’ of overflow. The term “cleaning” refers to the removal of accumulated precipitate. Services beyond the removal of precipitate in terms of cleaning may incur an additional cost. It is the responsibility of the customer to provide Underwater Solutions Inc. with a location for discharge for all cleaning projects (sediment removal).*

Note: The term “one mobilization” refers to allowing Underwater Solutions Inc. access to all site(s) at all times throughout the project. Should operations not allow for complete access to all site(s) throughout the entire project, an additional charge shall be incurred.

INSPECTIONS AND CLEANINGS OF THE (25) WATER STORAGE FACILITIES

OUC RFP 18 4601 OQ – WATER TANK CLEANING & INSPECTION SERVICES

INDIVIDUAL PRICING PER TANK

STANTON ENERGY TANKS

Stanton Energy 525,000-Gallon Water Storage Tank	\$3,380.00
Stanton Energy 147,530-Gallon Underground Clearwell	\$3,380.00
High Purity 500,000-Gallon Demineralized Water Storage Tank (#1)	\$3,380.00
High Purity 500,000-Gallon Demineralized Water Storage Tank (#2)	\$3,380.00
Filter Municipal 500,000-Gallon Re-Claimed Water Storage Tank (#1)	\$3,380.00
Filter Municipal 500,000-Gallon Re-Claimed Water Storage Tank (#2)	\$3,380.00

INDIAN RIVER PLANT TANKS

Condensate 160,000-Gallon Water Storage Tank	\$3,380.00
South DI 160,000-Gallon Water Storage Tank	\$3,380.00
280,000-Gallon Water Storage Tank	\$3,380.00
280,000-Gallon Raw Water Storage Tank	\$3,380.00
North DI 400,000-Gallon Water Storage Tank	\$3,380.00

WATER PRODUCTION PLANT TANKS

Pine Hills 2-Million Gallon Concrete Water Storage Tank (#1)	\$3,890.00
Pine Hills 2-Million Gallon Concrete Water Storage Tank (#2)	\$3,890.00
Sky Lake 3-Million Gallon Concrete Water Storage Tank	\$3,890.00
Southwest 3-Million Gallon Concrete Water Storage Tank (#1)	\$3,890.00
Southwest 3-Million Gallon Concrete Water Storage Tank (#2)	\$3,890.00
Conway 3.5-Million Gallon Concrete Water Storage Tank (#1)	\$3,890.00

Conway 2-Million Gallon Concrete Water Storage Tank (#2)	\$3,890.00
Navy 2-Million Gallon Concrete Water Storage Tank	\$3,890.00
Lake Highland 5-Million Gallon Concrete Water Storage Tank	\$3,890.00
Kirkman 2-Million Gallon Concrete Water Storage Tank	\$3,890.00
Southeast 1-Million Gallon Concrete Water Storage Tank	\$3,890.00
Hiawassee 5-Million Gallon Elevated Steel Water Storage Tank	\$3,890.00
Metro West 3-Million Gallon Elevated Steel Water Storage Tank	\$3,890.00
Dr. Phillips 750,000-Gallon Elevated Steel Water Storage Tank	\$3,890.00

CHILLED WATER TANK

Inspection Only: **\$8,890.00***

Closed loop cleaning process – See included detailed proposal and scope of work: **\$149,970.00***

***This price is based on Orlando Utilities Commission providing Engineering Stamps on inspection reports, as indicated in the Q & A (Addendum No.2 - 2.) of this bid.**

***Should Orlando Utilities Commission require us to provide Engineering Stamps, a \$250.00 fee will be added to each structure.**

AGREEMENT

BETWEEN UNDERWATER SOLUTIONS INC. AND ORLANDO UTILITIES COMMISSION, ORLANDO, FL FOR THE OUC RFP 18 4601 OQ – WATER TANK CLEANING & INSPECTION SERVICES OF (25) WATER STORAGE TANKS AS FOLLOWS:

Orlando Utilities Commission, Orlando, FL agrees to have Underwater Solutions Inc. perform the above mentioned work as per the conditions/terms and costs stated on the proposal dated October 5, 2018 (copy attached).

PERSONNEL: Divers / Tenders

GEAR: Complete Sanitized Inspection/Cleaning Dive Station
(All gear sanitized and utilized only in potable water.)
4" Pump Volume Tank and Filter
3" Suction Hose Communications Box
3" Discharge Hose 200 ppm Chlorine Solution
25 CFM Compressor Camera
400' Dive Rig Manifold
Ladder Dry Suit
Bailout Bottle SuperLite Helmet
Emergency Air Miscellaneous Tools

SUBMITTALS: Comprehensive reports and corresponding photographs to be submitted after completion of work.

COST: While mobilized in *Florida*:
Inspect and clean (sediment removal) up to 4" of sediment, all (25) tanks: **\$91,640.00***

See Attached for Individual Pricing Per Tank

*This price is based on Orlando Utilities Commission providing Engineering Stamps on inspection reports, as indicated in the Q & A (Addendum No.2 - 2.) of this bid.

*Should Orlando Utilities Commission require us to provide Engineering Stamps, a \$250.00 fee will be added to each structure.

PAYMENT TERMS: Payable Upon Receipt Of Invoice

IN ACCEPTANCE OF AFOREMENTIONED AGREEMENT:



UNDERWATER SOLUTIONS INC.
Signature of Authorized Representative

ORLANDO UTILITIES COMM., ORLANDO, FL
Signature of Authorized Representative

Director of Operations October 5, 2018
Title Date

Title Date

**All sites must be maintained to allow a truck and trailer to mobilize to within 25' of the tank, allow access around the circumference of the tank, and have good, sound ladder access to the rooftop.*
All entry hatches must function allowing internal access to each tank and personnel must be available to mobilize to site locations. **If this structure or any structure to be inspected have only bolt-on entry hatches, these bolt-on entry hatches must be removed prior to our arrival and re-secured by the customers personnel at the completion of this project. At the time this project is to be conducted, the water level within this structure must be as full as possible or within 10' of overflow. ***The term "cleaning" refers to the removal of accumulated precipitate. Services beyond the removal of precipitate in terms of cleaning may incur an additional cost. It is the responsibility of the customer to provide Underwater Solutions Inc. with a location for discharge for all cleaning projects (sediment removal). Note: The term "one mobilization" refers to allowing Underwater Solutions Inc. access to all site(s) at all times throughout the project. Should operations not allow for complete access to all site(s) throughout the entire project, an additional charge shall be incurred.***



October 5, 2018

Mr. Devin Finegan
Orlando Utilities Commission (OUC) - CHILLED WATER SERVICES
100 West Anderson Street
Orlando, FL 32801

Dear Devin,

I would like to thank you for your consideration of Underwater Solutions Inc. to conduct the cleaning of your water storage facility.

As requested, please find attached a proposal for the interior sediment removal of the 18-million gallon welded steel thermal water storage tank.

Should you wish to proceed, we are also including a copy of an agreement to conduct this work. Please sign and return one copy to us at your earliest convenience, allowing a date to be reserved for your project.

Upon completion of this work, a comprehensive report of our findings and corresponding photographs will be submitted.

If you have any questions or would like additional information, please contact me.

Again, I would like to thank you for your consideration of *US*.

Sincerely,
UNDERWATER SOLUTIONS INC.

A handwritten signature in black ink, appearing to read 'David M. Cornish', is written over a white background.

David M. Cornish
Director of Operations

DMC/klp
Enclosures

Mr. Devin Finegan
Orlando Utilities Commission (OUC) - CHILLED WATER SERVICES
October 5, 2018
Page 4

***PROPOSAL FOR THE INTERIOR SEDIMENT REMOVAL OF THE
18-MILLION GALLON WELDED STEEL THERMAL WATER STORAGE TANK***

***ORLANDO UTILITIES COMMISSION – CHILLED WATER SERVICES
ORLANDO, FLORIDA***

SCOPE OF WORK:

Underwater Solutions Inc. will employ professional tank divers utilizing an underwater handheld vacuum system consisting of centrifugal pumps and a 3” suction hose to remove bottom solids from the 18-Million Gallon Thermal Water Storage Tank, at a rate of approximately 200 GPM, while the tank remains full of water.

Removed bottom solids/sludge will be discharged into a mixing tank where the removed sludge will be gravity fed onto a belt press provided by Underwater Solutions Inc.

The belt press shall feed finished sludge “cakes” into roll-off containers provided by Orlando Utilities Commission. The water remaining in the tank mixer will be fed through a BF400 GPM 1 Micron Filter and then fed again through a particulate filter, before being recirculated back into the 18-Million Gallon Thermal Water Storage Tank.

A suitable polymer, needed to obtain a homogeneous mixture of water and any remaining particulate, and which coincides with Lockheed Martin’s system, will be injected into the mixing tank. Orlando Utilities Commission will be responsible for providing and bearing the cost of this polymer.

Orlando Utilities Commission will be responsible for disposing of any and all solids removed from the 18-million gallon thermal water storage tank, including disposal of the contents of each roll-off container at the end of each work-day (or prior thereto, if necessary). Orlando Utilities Commission will then return these emptied roll-off containers to the jobsite immediately following disposal, so as to allow Underwater Solutions Inc. to resume operations.

**BETWEEN UNDERWATER SOLUTIONS INC. AND
THE ORLANDO UTILITIES COMMISSION – CHILLED WATER SERVICES, ORLANDO, FL FOR THE
INTERIOR SEDIMENT REMOVAL OF THE 18-MILLION GALLON WELDED STEEL THERMAL
WATER STORAGE TANK AS FOLLOWS:**

**It will be the responsibility of Orlando Utilities Commission to provide (3) – 30 yard roll-off containers for this project. The contents in these roll-off containers shall be disposed of at the completion of each work-day, or prior thereto if necessary, by Orlando Utilities Commission Personnel. Orlando Utilities Commission will then return these emptied roll-off containers to the jobsite immediately following disposal, so as to allow Underwater Solutions Inc. to resume operations.*

**The disposal of any and all solids removed from this structure is the sole responsibility of Orlando Utilities Commission.*

**It is the responsibility of Orlando Utilities Commission to provide and bear the cost for the most suitable polymer needed to obtain a homogeneous mixture and which will coincide with Lockheed Martin's system.*

It is the responsibility of Orlando Utilities Commission to provide and bear the cost for the polymer needed to both obtain a homogeneous mixture within the mixing tank and coincide with Lockheed Martin's system.

SCOPE OF WORK:

Underwater Solutions Inc. will employ professional tank divers utilizing an underwater handheld vacuum system consisting of centrifugal pumps and a 3" suction hose to remove bottom solids from the 18-Million Gallon Thermal Water Storage Tank, at a rate of approximately 200 GPM, while the tank remains full of water.

Removed bottom solids/sludge will be discharged into a mixing tank where the removed sludge will be gravity fed onto a belt press provided by Underwater Solutions Inc.

The belt press shall feed finished sludge "cakes" into roll-off containers provided by Orlando Utilities Commission. The water remaining in the tank mixer will be fed through a BF400 GPM 1 Micron Filter and then fed again through a particulate filter, before being recirculated back into the 18-Million Gallon Thermal Water Storage Tank.

A suitable polymer, needed to obtain a homogeneous mixture of water and any remaining particulate, and which coincides with Lockheed Martin's system, will be injected into the mixing tank. Orlando Utilities Commission will be responsible for providing and bearing the cost of this polymer.

Orlando Utilities Commission will be responsible for disposing of any and all solids removed from the 18-million gallon thermal water storage tank, including disposal of the contents of each roll-off container at the end of each work-day (or prior thereto, if necessary). Orlando Utilities Commission will then return these emptied roll-off containers to the jobsite immediately following disposal, so as to allow Underwater Solutions Inc. to resume operations.

PAYMENT TERMS: Payable Upon Receipt of Invoice

IN ACCEPTANCE OF AFOREMENTIONED AGREEMENT:



UNDERWATER SOLUTIONS INC.
Signature of Authorized Representative

Director of Operations October 5, 2018
Title Date

ORLANDO UTILITIES COMMISSION, ORLANDO, FL
Signature of Authorized Representative

Title Date

**All sites must be maintained to allow a trucks and trailer to mobilize to within 25' of the structure, allow access around the circumference of the tank, and have good, sound ladder access to the rooftop. *All entry hatches must function allowing internal access to each tank and personnel must be available to mobilize to site locations. At the time this project is to be conducted, the water level within this structure must be as full as possible or within 10' of overflow. Note: The term "one mobilization" refers to allowing Underwater Solutions Inc. access to all site(s) at all times throughout the project. Should operations not allow for complete access to all site(s) throughout the entire project, an additional charge shall be incurred.*

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Underwater Solutions Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) P.O. Box 208</p> <p>6 City, state, and ZIP code Mattapoisett, MA 02739</p> <p>7 List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
---	---

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

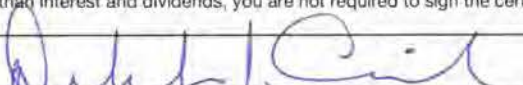
Social security number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-		
-	-	-	-							
OR										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">0</td> <td style="width: 25%; border: 1px solid black;">4</td> <td style="width: 25%; border: 1px solid black;">-</td> <td style="width: 25%; border: 1px solid black;">3</td> <td style="width: 25%; border: 1px solid black;">1</td> <td style="width: 25%; border: 1px solid black;">6</td> <td style="width: 25%; border: 1px solid black;">1</td> <td style="width: 25%; border: 1px solid black;">9</td> <td style="width: 25%; border: 1px solid black;">3</td> <td style="width: 25%; border: 1px solid black;">5</td> </tr> </table>	0	4	-	3	1	6	1	9	3	5
0	4	-	3	1	6	1	9	3	5	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ **October 1, 2018**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



2.2.2 REQUIRED BIDDER'S QUALIFICATIONS

Provide the following information for each of the references. (Minimum 3) – See Full Qualifications Package for further References

Company Name: Orange County Utilities Western Regional Water Supply
Company Address: 8100 Presidents Ave, Suite D, Orlando, FL 32809
Contact Person: Andrew Wilson
Contact Email Address: andrew.wilson2@ocfl.net
Contact Phone Number: (407)-254-7809
Nature of Contract: Inspection and Cleaning of (24) Water Storage Tanks
Dollar Value of Contract: \$88,560.00
Start and End Dates of Contract: January 16-31, 2018

Company Name: City of Cocoa Water Department
Company Address: 65 Stone St., Cocoa, FL 32922
Contact Person: Troy Howell
Contact Email Address: thowell@cocoafl.org
Contact Phone Number: (321)-635-7772
Nature of Contract: Inspection and Cleaning (6) Water Storage Tanks
Dollar Value of Contract: \$22,140.00
Start and End Dates of Contract: February 5-9, 2018

Company Name: Toho Water Authority
Company Address: 2706 No. John Young Parkway, Kissimmee, FL 34741
Contact Person: Robert Newberry
Contact Email Address: rnewberry@tohowater.com
Contact Phone Number: (407)-319-9560
Nature of Contract: Inspection and Cleaning (18) Water Storage Tanks
Dollar Value of Contract: \$40,590.00
Start and End Dates of Contract: January 1 - February 10, 2017

ATTACHMENT B: ADDENDUM
ACKNOWLEDGEMENT

Addendum Acknowledgement
RFP18 4601 OQ for Water Tank Inspection and Cleaning Services

The undersigned Proposer/Bidder acknowledges receipt of the following Addenda, which have been considered in preparing this Proposal.

Addendum No. 1 David M. Cornish Dated September 25, 2018

Addendum No. 2 David M. Cornish Dated September 28, 2018

Addendum No. 3 David M. Cornish Dated October 3, 2018

Addendum No. 4 _____ Dated _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2018

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 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 Peter P. Briggs Insurance Agency Inc. 19 County Road P. O. Box 96 Mattapoisett MA 02739	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: House Account</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (508) 758-6929</td> <td>FAX (A/C, No): (508) 758-9604</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Charter Oak Fire</td> <td style="text-align: right;">NAIC # 25615</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: House Account		PHONE (A/C, No, Ext): (508) 758-6929	FAX (A/C, No): (508) 758-9604	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Charter Oak Fire	NAIC # 25615	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: House Account																					
PHONE (A/C, No, Ext): (508) 758-6929	FAX (A/C, No): (508) 758-9604																				
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INSURER A: Charter Oak Fire	NAIC # 25615																				
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED UNDERWATER SOLUTIONS INC. P.O. BOX 208, 70 NORTH STREET MATTAPOISETT MA 02739																					

COVERAGES **CERTIFICATE NUMBER:** CL17122701543 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		Y	BA-1236B357-18-SEL	01/30/2018	01/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 20,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

ORLANDO UTILITIES COMMISSIONS 100 WEST ANDERSON STREET ORLANDO FL 32801	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2018

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 Fisk Marine Insurance Intl, LLC 8110 Breakwater Dr New Orleans LA 70124	CONTACT NAME: Jodi Wibel PHONE (A/C. No. Ext): (504) 302-4400 E-MAIL ADDRESS: jwibel@fiskusa.com		FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE		
INSURED Underwater Solutions, Inc. PO Box 208 Mattapoisett MA 02739	UNDESOL-01	INSURER A : GREAT AMERICAN INS. CO.	
		INSURER B : Underwriters at Lloyd's	
		INSURER C : COMMERCE & INDUSTRY INS CO	
		INSURER D : WESTCHESTER SURPLUS LINES INS CO	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1762015461

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SRLL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	OMH5834568-15	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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	N/A	WC 5226528	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B D	Professional Liability Contractors Pollution Liability	Y	Y	J180288 G27095240006	1/13/2018 10/1/2018	1/13/2019 10/1/2019	Limit 2,000,000 Each Occurrence 1,000,000

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

Certificate Holder is named as Additional Insured with Waiver of Subrogation per the Blanket Additional Insured and Blanket Waiver of Subrogation Endorsements. GL is Primary and Non-Contributory. Workers Compensation policy includes a Blanket Waiver of Subrogation as required by written contract and also includes U.S. Longshore and Harbor Workers Act Coverage, Maritime Employers Liability/Jones Act Coverage, Alternate Employer Endorsement and Voluntary Compensation. Work Comp Section 3 A of policy includes states of FL, MA and NY.

CERTIFICATE HOLDER**CANCELLATION**

Orlando Utilities Commissions
 100 West Anderson Street
 Orlando FL 32801

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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CONFIDENTIAL

These documents are for the use of

Orlando Utilities Commission
Orlando, Florida (ONLY)

***UNDERWATER SOLUTIONS INC. SUBMITTAL FOR
ORLANDO UTILITIES COMMISSION
ORLANDO, FLORIDA(ONLY)***





STATE OF FLORIDA PROFESSIONAL ENGINEER



David G. Miller, P.E.
Florida License #67086



STATE REQUIREMENTS FOR FOREIGN CORPORATIONS TO CONDUCT WORK IN FLORIDA

- **Florida Statue to Transact Business in Florida**
- **Florida Workers Compensation Statute**
- **Florida Department of Financial Services Proof of Compliance with Florida State Workers Compensation insurance requirements.**

**For more information refer to web site:
www.fldfs.com**



**SECRETARY OF STATE
CERTIFICATION TO DO BUSINESS
IN FLORIDA**

State of Florida

Department of State

I certify from the records of this office that UNDERWATER SOLUTIONS, INC., doing business in Florida as UNDERWATER SOLUTIONS, INC. OF MASSACHUSETTS, is a corporation organized under the laws of Massachusetts, authorized to transact business in the State of Florida, qualified on April 1, 2004.

The document number of this corporation is F04000001768.

I further certify that said corporation has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on March 8, 2010, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Eighth day of September, 2010



Laura K. Roberts
Secretary of State

Authentication ID: 300185163173-090810-F04000001768

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



REFERENCES

**UNDERWATER SOLUTIONS INC.
MATTAPOISETT, MA**



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PARTIAL LIST OF REFERENCES

FLORIDA

Alachua Water Treatment Plant
15100 North West 142nd Terrace
Alachua, FL 32615
Contact: Mike New
Tel. No.: (386) 418-6140

Altamonte Springs Water Department
225 Newburyport Avenue
Altamonte Springs, FL
Contact: Andrew Lobban
Tel. No.: (407) 571-8634

City of Apopka Public Services Dept.
748 E. Cleveland Street
Apopka, FL 32703
Contact: Kevin Burgess
Tel. No.: (407) 703-1700

City of Bartow
P.O. Box 1069
450N. Wilson Avenue
Bartow, FL 33831-1069
Contact: Ron Johnson
Tel. No.: (863) 534-0159

City of Cape Coral R.O. Plant
P.O. Box 150027
Cape Coral, FL 33915
Contact: Andrew Fenske Tel.
No.: (239) 242-3411

Central Florida Research Park
12424 Research Parkway, Suite 100
Orlando, FL 32826
Contact: Richard Pointon
Tel. No.: (407) 443-1873

Citrus County Utilities
1300 South Lecanto Highway
Lecanto, FL 34461
Contact: Robert Merkel
Tel. No.: 352-527-7650

Clay County School Board
905 W. Center Street
Green Cove Springs, FL 32043
Contact: Dan Hockey
Tel. No.: (904) 213-2317

City of Clewiston Water Treatment Plant
141 Central Avenue
Clewiston, FL 33440
Contact: Chuck Hale
Tel: (863) 677-1731

City of Clearwater Public Utilities
1650 N. Arcturus Avenue
Clearwater, FL 33765
Contact: Mr. Greg Turman
Tel. No.: (727) 462-6326

City of Clermont Water Department
3335 Hancock Road
Clermont, FL 34711
Contact: Robert Reed
Tel. No.: (352) 241-0178

City of Cocoa Water Department
600 School Street
Cocoa, FL 32922
Contact: Troy Howell
Tel. No.: (321) 635-7772

Collier County Utilities
3301 Tamiami Trail East, Bldg H
Naples, FL 34111
Contact: Jim Foster
Tel. No.: (239) 352-0286

-/-



CONFIDENTIAL

PARTIAL LIST OF REFERENCES

FLORIDA

Collier County IQ
4370 Mercantile Avenue
Naples, FL 34112
Contact: Robert Kaine
Tel. No.: 239-252-6251

Flagler County Utilities
PO Box 756
Bunnell, FL 32110
Contact: Bill Green
Tel. No.: 386-586-5159

Collier County North Regional Water Plant
3851 Utility Drive
Naples, FL 34117
Contact: Barry Erickson
Tel. No.: (239) 352-7014

City of Florida City WTP
404 West Palm Drive
Florida City, FL 33034
Contact: Mr. Tracy Moore
Tel. No.: (305) 248-6855

CSW Management Inc/Top Of The World
8700 SW 99th Street Road
Ocala, FL 34481
Contact: Bryan Schmalz
Tel. No.: (352) 427-1291

City of Fort Lauderdale WTP
949 NW 38th Street
Fort Lauderdale, FL 33309
Contact: Gary Durant
Tel. No.: (954) 828-7865

City of Dade City Public Utilities
38020 Meridian Avenue
Dade City, FL 33252
Contact: Jim Shive
Tel. No.: (352) 523-5054

City of Fort Myers Water Treatment Plant
2751 Jacksonville Street
Fort Myers, FL 33916
Contact: Marty Yaniga
Tel. No.: (239) 321-7652

City of Dania Beach
1201 Stirling Road
Dania Beach, FL 33004
Contact: James Nelola
Tel. No.: 954-478-5866

Greater Pine Island Water Association
5281 Pine Island Road
Bokeelia, FL 33922
Contact: Gary Gissiner
Tel. No.: (239) 283-1072

Englewood Water District
201 Selma Avenue
Englewood FL 34223
Contact: CR Pearson
Tel. No.: 941-460-1014

City of Groveland
156 South Lake Avenue
Groveland, FL 34736
Contact: Chuck Mack
Tel. No.: 352-429-287



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PARTIAL LIST OF REFERENCES

FLORIDA

Haines City Water Department
3642 East Johnson Avenue
Haines City, FL 33845
Contact: Troy Cassidy
Tel. No.: 863-421-3690

City of Hallandale Beach D.P.W.
630 NW 2nd Street
Hallandale Beach, FL 33009
Contact: Hal Elsasser
Tel. No.: (954) 457-1610

City of Holly Hill W.D.
1065 Ridgewood Avenue
Holly Hill, FL 32117
Contact: Robert Kasprack
Tel. No. 386-248-9463

Jacksonville Electric Authority (JEA)
21 West Church Street
Jacksonville, FL 32202
Contact: Charlie Stevens
Tel. No.: 904-665-6576

Town of Jupiter Water Plant
17403 Central Blvd. P.O. Box 8900
Jupiter, FL 33468-8900
Contact: Ray Snedeker
Tel. No.: (561) 741-2602

City of Lake Alfred
120 East Pomelo Street
Lake Alfred, FL 33850
Contact: Clayton Robertson
Tel. No.: (863) 557-8194

City of Lake Mary
P.O. Box 958445
Lake Mary, FL 32746
Contact: Janet Appel
Tel No.: (407) 585-1342

City of Lauderhill
3800 Inverrary Blvd, #209
Lauderhill, FL 33319
Contact: Randy Arline
Tel. No.: (954) 730-2972

Lee County Utilities
16101 Alico Road
Fort Myers, FL 33902
Contact: Hank Barroso
Tel. No.: (239) 267-8228

Town of Longboat Key
600 General Harris Street
Longboat Key, FL 34228
Contact: Ms. Anne Ross
Tel. No.: 941-316-1958

Manatee County Water Department
17915 Water Line Road
Bradenton, FL 34212
Contact: Bruce MacLeod
Tel. No: 941-746-3020

City of Marco Island
771 E. Elkcam Circle
Marco Island, Fl. 34145
Contact: Ron Weis
Tel. No.: 239-389-5000



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PARTIAL LIST OF REFERENCES

FLORIDA

Melbourne Water Treatment Plant
6055 Lake Washington Road
Melbourne, FL 32935
Contact: Bill Spann
Tel. No.: (321) 255-4623

City of Miramar West Water Plant
4100 South Flamingo Road
Miramar, FL 33027
Contact: Gene Pennitti
Tel. No.: (954) 548-0375

City of Moore Haven Water Department
99 Riverside Drive
Moore Haven, FL 33471
Contact: Sam Breifman
Tel. No.: (863) 946-0434

City of Naples P.W. Department
735 Eighth Street South
Naples, FL 34102
Contact: Barry Stein
Tel. No.: (239) 213-3002

City of New Smyrna Beach
200 Canal Street
New Smyrna, FL 32168
Contact: Caleb Fisher
Tel. No.: 386-424-3045

City of North Miami W.T.P.
12098 NW 11 Avenue
North Miami, FL 33168
Contact: Gary Demerest
Tel. No.: (305) 953-2854

City of NorthPort
6644 W. Price Blvd.
North Port, FL 34291
Contact: John Evano
Tel. No.: 941-426-1807

Orange County Utility Division -Eastern
9100 Curry Ford Road
Orlando, FL 32825
Contact: Carlos Torrez
Tel. No.: (407) 254-9505

Orange County Utilities-Western
2552 Lakeville Road
Apopka, FL 32703
Contact: David Messier
Tel. No.: (407) 271-2031

Orlando Utilities Commission (OUC)
Water Production Division
6113 Pershing Avenue
Orlando, FL 32822
Contact: Richard Winn
Tel. No.: (407) 423-9100 x-4963

Orlando Utilities Commission (OUC)
Stanton Energy Center
5100 South Alafaya Trail
Orlando, FL 32831
Contact: Alan Planeta
Tel. No.: (407) 658-6444

City of Ormond Beach WTP
301 Jefferson Street
Ormond Beach, FL 32174
Contact: Sean McFarland
Tel. No.: (386) 676-3568



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FLORIDA

Pembroke Pines WTP
7960 Johnson Street
Pembroke Pines, FL 33024
Contact: Michael Ponce
Tel. No.: (954) 986-5011

Pinellas Park Water Department
6101 78th Avenue North
Pinellas Park, FL 33781
Contact: Tim Beach
Tel. No.: (727) 541-0074 x5908

Plantation Bay Utility Company
2379 Beville Road
Daytona Beach, FL 32119
Contact: Doug Ross
Tel. No.: 386-236-4160

Port LaBelle Water Department
PO Box 230, 6002 Cedarwood Pkwy
LaBelle, FL 33975
Contact: Roger Greer
Tel. No.: (863) 675-5376

Riviera Beach Water & Sewer Department
800 West Blue Heron Boulevard
Riviera Beach, FL 33404
Contact: David Danford
Tel. No.: (561) 845-4185

Spring Lake Improvement District W.T.P.
233 Tizzwood Drive
Sebring, FL 33876
Contact: Greg Gretze
Tel. No.: (863) 655-1715

City of St. Cloud
1300 Ninth Street
St. Cloud, FL 34769
Contact: Bob MacKichan
Tel. No.: (407) 957-7262

St. Johns County Utilities
P.O. Box 3006
St. Augustine, FL 32085
Contact: Barry Stewart
Tel. No.: (904) 471-2161

City of Starke Water Department
601 North Orange Street
Starke, FL 32901
Contact: Fred Magyari
Tel. No.: (904) 964-7999

Sun 'n Lake of Sebring Improvement District
5306 Sun 'n Lake Boulevard
Sebring, FL 33872
Contact: Ronald Eckles
Tel. No.: (863) 385-4414

Tavares Utilities Department
2770 Woodlea Road
Tavares, FL 32778
Contact: Phillip Clark
Tel: 352-742-6462

Tequesta Water Treatment Plant
901 North Old Dixie Highway
Tequesta, FL 33469
Contact: Roy Fallon
Tel. No.: (561) 575-6235



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PARTIAL LIST OF REFERENCES

FLORIDA

Toho Water Authority
2706 North John Young Highway
Kissimmee, FL 34741
Contact: Tim Gregory
Tel. No.: (407) 518-2534

City of Umatilla Water Works
PO Box 2286
Umatilla, FL 32784
Contact: Ken White
Tel. No.: 352-669-1539

United Water Florida Operations LLC
9454 Phillips Highway, Suite 9
Jacksonville, FL 32257
Contact: Robert Parks
Tel. No.: (904) 260-5562

The Village Center CDD / Little Sumter Utilities
501 Sunbelt Road
The Villages, FL 32159
Contact: Deanna Watts
Tel. No.: (352) 753-175

City of Winter Garden Water Department
300 West Plant St, City Hall, Rms 241-245
Winter Garden, FL 34787-3009
Contact: Michael Cotton
Tel. No.: (407) 656-5549

City of Winter Park Water Department
401 Park Avenue, South
Winter Park, FL 32789
Contact: Gary Heller
Tel. No.: 407-599-3538

State of Florida

Department of State

I certify from the records of this office that UNDERWATER SOLUTIONS, INC. OF MASSACHUSETTS is a Massachusetts corporation authorized to transact business in the State of Florida, qualified on April 1, 2004.

The document number of this corporation is F04000001768.

I further certify that said corporation has paid all fees due this office through December 31, 2013, that its most recent annual report/uniform business report was filed on February 25, 2013, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the First day of November, 2013*



Ken Detjmer
Secretary of State

Authentication ID: CU2221506093

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>



**MEMORANDUM OF
UNDERSTANDING
STATE
E-VERIFICATION**

**UNDERWATER SOLUTIONS INC.
MATTAPOISETT, MA**

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and Underwater Solutions Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority of E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C § 552a), the Social Security Act (42 U.S.C 1306 (a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system of necessary) to provide confirmation or tentative non-confirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative non-confirmations that is designed to provide final confirmation or non-confirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:
 - Automated verification checks on newly hired alien employees by electronic means, and
 - Photo verification checks (when available) on newly hired alien employees.
2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer a manual (the E-Verify manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.
4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.
5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.
6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.
7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative non-confirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.
8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative non-confirmations and photo non-match tentative non-confirmations that is designed to provide final confirmation or non-confirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representative to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
 - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
 - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
 - If an employee presents a “List B” identity document, the Employer agrees to only accept “List B” documents that contain a photo. (List B documents identified in 8 C.F.R. §274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity).
 - If an employee presents a DHS form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee’s Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer’s participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttal presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final non-confirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final non-confirmation; (4) the Employer is subject to a rebuttal presumption that it has knowingly employed an unauthorized alien in violation of section 274A(1)(A) if the Employer continues to employ any employee after receiving a final non-confirmation; and (5) no person or entity participation in E-Verify is civilly or criminal liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.
7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer’s attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative non-confirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative non-confirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R § 274a.1(1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative non-confirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and final non-confirmation has been issued. If the employee does not choose to contest a tentative non-confirmation or a photo non-match, then the Employer can find the employee is not authorized and take an appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative non-confirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify - related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer received a tentative non-confirmation issued by SSA, the Employer must print the tentative non-confirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative non-confirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on tentative non-confirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative non-confirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative non-confirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative non-confirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final non-confirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative non-confirmation.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative non-confirmation issued by DHS, the Employer must print the tentative non-confirmation notice as directed by the automated system and provide it to the employees so that the employee may determine whether he or she will contest the tentative non-confirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative non-confirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative non-confirmation received from DHS automated verification process or when the Employer issues a tentative non-confirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative non-confirmation as soon as possible after the Employer receives it.
4. If the employee contest a tentative non-confirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hot line within 8 Federal Government work days.
5. If the employee contests a tentative non-confirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
6. The Employer agrees that if an employee contests a tentative non-confirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:
 - Scanning and uploading the document, or
 - Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).
7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, offices or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability where from, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

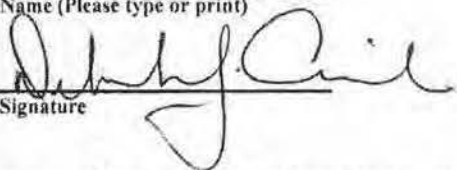
The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquires, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer

<u>Deborah J. Cornish</u> Name (Please type or print)	<u>President</u> Title
 Signature	 Date

Department of Homeland Security - Verification Division

 Name (Please type or print)	 Title
 Signature	 Date

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company: _____

Company Name: _____

Company Facility Address: _____

Company Alternate Address: _____

County or Parish: _____

Employer Identification Number: _____

North American Industry Classification Systems Code: _____

Parent Company: _____

Number of Employees: _____ Number of Sites Verified for: _____

Are you verifying for more than 1 site? If yes please provide the number of sites verified for in each State.

State	Number of sites
•	Site(s)
•	Site(s)
•	Site(s)

Information relating to the Program Administrator(s) for your company on policy questions or operational problems:

Name:	
Telephone Number:	Fax Number:
E-mail Address	

Name:	
Telephone Number:	Fax Number:
E-mail Address	



QUALIFICATIONS/EXPERIENCE

UNDERWATER SOLUTIONS INC.



QUALIFICATIONS/EXPERIENCE

Underwater Solutions Inc. is not only the nation's largest, it is the most qualified corporation to conduct in-service water tank inspection and cleaning projects.

We are a water tank and clearwell inspection firm working with utilities nationwide unlike other competitive companies whom work underwater in other environments.

As the sister corporation to Water Solutions Consultants, we solely focus on the requirements set forth by the federal and local governmental agencies for conducting projects relative to finished drinking water.

Underwater Solutions Inc. completes the inspections and cleanings of water storage facilities throughout the United States for several hundred utilities annually assisting in compliance with the regulatory standards set forth.

Our crews are extensively trained in many areas to include inspection, diving, water operations, OSHA safety, confined space, first aid and the usage of many tools including camera equipment. We focus on utility requirements including safety practices and the security involved in protecting drinking water supplies.

Our ongoing goals are to continue to grow through managing our efforts in such a way that we expand not only our knowledge of new technology, yet the continuing improvements in drinking water standards implemented by regulatory agencies.

Underwater Solutions has been conducting inspections and cleaning of water storage facilities since 1989 and continue to be the first choice of utilities, engineering firms and health department officials throughout the United States when in-service inspections and cleanings are required.



TECHNICAL APPROACH

UNDERWATER SOLUTIONS INC.



***PROCEDURES UTILIZED BY UNDERWATER SOLUTIONS INC.
FOR CLEANING (SEDIMENT REMOVAL) FROM
WATER STORAGE FACILITIES***

Underwater Solutions Inc., a division of Water Solutions Consultants, has been engaged in cleaning of water storage facilities since incorporated in 1989.

Averaging approximately 250 water storage tank and clearwell cleaning projects annually; we have become the largest specialty company within the water industry conducting such projects.

Due to being a commercial diving company while being affiliated with Water Solutions Consultants, we have a firm grasp associated with potential hazards to water quality while conducting a sediment removal project.

As to not run the risk of potential stir up which can have impact on both aesthetic water quality, as well as bacterial potential, we utilize extremely high lift capacity. A centrifugal pump generating from 250-310GPM allows sufficient lift to pull sediments from within 3'-4' of the suction nozzle at all times. This system requires water storage facilities to have sufficient water volume and depth to never require more than a 10' lift up to the access hatch.

Joining together 20' lengths of rigid 3" inside diameter NPT threaded hoses, we facilitate the distance required to extend fully across the tank floor while additionally reaching our pump located at ground level. A stainless steel flanged nozzle on adjustable wheels (height) allows the diver to move across the floor while maintaining clearance slightly above the sediment accumulation. At the discharge end of the pump, Underwater Solutions Inc. supplies up to 400' of collapsible hose to reach the desired discharge location pre-designated by our clients.

All hoses, nozzles, dive gear and affiliated equipment requiring entry into the water storage facility is steam-cleaned with a 200ppm chlorine solution prior to mobilization and once again sprayed with 200ppm of chlorine solution prior to entering any and all water storage facilities.

All gear utilized to clean any water storage facility is insured to be designated for that sole purpose as we conduct no projects other than those where potability standards and sanitized practices are required as we exclusively work for water departments, districts and companies.



DESCRIPTION OF INSPECTION STANDARDS/PROCEDURES AND TECHNICAL APPROACH UTILIZED BY UNDERWATER SOLUTIONS INC. FOR CONDUCTING PROJECTS WITHIN WATER STORAGE FACILITIES

Underwater Solutions Inc. utilizes certified commercial divers whom possess all required certifications to conduct water storage tank inspections. From CPR, first aid, steel and concrete inspection requirements, we also possess confined space training and hazardous materials handling certificates. Additionally, and specific to our field of business, our divers/inspectors all possess extensive understanding of water quality as our sister company, Water Solutions, tests and makes treatment recommendations for water quality compliance.

We utilize surface-supplied air to all divers which enables the umbilical to also supply a 12-volt light, as well as, open communications to all divers/inspectors at all times.

Always beginning at the tank floor, all piping, sediment accumulations, floor conditions and other reportable items are documented with photographs while detailed measurements and descriptions are recorded topside to the project manager. Moving in a rotational fashion we move up to the surface utilizing the water as staging while air is supplied to the diver's dry suit. This methodology allows all surfaces from the floor to the top of the tank wall to be evaluated and documented.

When required, video documentation is conducted of all components of the tank upon completion of the initial inspection. Underwater video is not a highly recommended practice while conducting a structural survey as it only documents what is within the field of light and also utilizes a fish eye lens magnifying an object such as a blemish in a coated surface by three times.

When required, photographs are always supplied with video, as they are compliant with all underwater structural inspection standards.



EQUIPMENT UTILIZED

UNDERWATER SOLUTIONS INC.



EQUIPMENT UTILIZED

DIVER'S APPAREL:

1. **Inflatable dry suit.** Totally isolates the diver from the water, eliminates the possibility of creating a nuisance in the tank, and provides total access to the liquid storage area through buoyancy control.
2. **Helmet.** Affords total head protection, communication topside, receives unlimited supply of air, and eliminates saliva transmission to the water.
3. **Umbilical.** Delivers surface-supplied air, communication, and serves as a life-restraint member.

DIVER'S LIFE SUPPORT SYSTEM:

1. **Surface-supplied air.** Diesel powered divers air compressor that delivers 25 CFM of filtered air at 175 PSI.
2. **Volume tank.** A 60-gallon reservoir of compressed air from the diver's air compressor.
3. **Emergency air.** A 240 cubic foot cylinder of 2000-PSI pressure regulated air plumbed into the diver's air manifold for emergency use.
4. **Diver radio.** A hardwire intercommunication system providing constant communication between the diver, tender, and console operator.

We **DO NOT** view a diver using a wet suit or self-contained underwater breathing apparatus (SCUBA) as either safe or sanitary. Therefore, we do not use or recommend the use of such equipment.



GEAR UTILIZED:

1. **Underwater video.** An industrial grade video camera in an underwater housing developed specifically for inspection purposes. Remotely monitored and remotely focused, it has a 10 to 1 zoom lens with macro capability. The camera is equipped with external and internal lighting. With internal lighting, the camera can be placed flush against a surface and detect pinhole failures. It has a 500-foot umbilical and can be lowered down a riser as little as 10 inches in diameter. High resolution and excellent color is achieved.
2. **Underwater still camera.** The still camera is a camera that has been adapted to the underwater video camera so that the still camera sees what the video camera sees. When the video console operator says, "shoot", the diver takes the still photo. No guess work on the diver's part. The still camera uses light available from the video camera.
3. **Topside video.** A digital effects camcorder is used for topside documentation. Having still-frame, split-screen, and other special effects capabilities, this camera is an excellent tool for inspection work.
4. **Topside still camera.** A versatile camera with zoom and macro capability also.
5. **Monitor console.** The console consists of a 13 inch, high-resolution color monitor, a VHS format industrial grade recorder, and diver communications unit in one. The picture is focused and light levels are controlled from this unit. Conversation between the diver and console operator are recorded on the audio track of the videotape. Viewers in the control van can see what the diver sees and communicate as the inspection takes place.



SAFETY PROCEDURES FOR TANK ENTRY

UNDERWATER SOLUTIONS INC.



SAFETY PROCEDURES FOR TANK ENTRY

INTRODUCTION

All procedures and practices utilized by Underwater Solutions Inc. conform and comply with confined space regulatory procedures while incorporating safety procedures, which surpass applicable O.S.H.A. regulations for diving procedures.

Additionally maintained are Underwater Solutions Inc. implemented procedures which incorporate retrieval of entrants, procedures for mobilizing emergency medical assistance, evacuation procedures, usage of safety gear and clothing, and compliance with on site regulations.

PROCEDURES

SURFACE AIR SUPPLY

Underwater Solutions Inc. utilizes surface supplied air to conduct all confined tank entry projects.

Backup air supplies are monitored and regulated by a tender who monitors air supply while having open communications with personnel entering tanks at all times.

Personnel entering additionally wear at all times a backpack air bailout bottle.

Procedures for air emergencies are practiced by all Underwater Solutions Inc. personnel, insuring understanding of procedures at all times.



HEAD AND BODY PROTECTION

All personnel entering tanks have been certified to utilize a full helmet equipped with surface supplied air and communications.

Additionally utilized is a one-piece dry suit, which, while occupied, allows total isolation from water, while acting as buoyancy aid through inter-air connection self, controlled via the helmet.

FALL PREVENTION

All Underwater Solutions Inc. personnel who climb tanks for rigging and entry have been trained and utilize safety harness (fall prevention) devices.

LOGS AND ENTRY PERMITS

A log is utilized by Underwater Solutions Inc. personnel to establish a permanent record depicting time of entry, conditions of entry, time of exiting and condition of personnel exiting. This log also serves as a confined space entry permit. Emergency telephone numbers are printed within this log to include fire, police, rescue, and client telephone numbers, and a portable phone is present on all projects for the purpose of reporting emergencies.

CLIENT PROCEDURES

Underwater Solutions Inc. conforms with all procedures set forth by our clients at all times.



SANITIZATION PROCEDURES

UNDERWATER SOLUTIONS INC.



SANITIZATION PROCEDURES

The following program is standard operating procedure for the sanitizing of equipment used in potable water systems by Underwater Solutions Inc.

1. All of the equipment is used in potable water applications only.
2. All the equipment is steam cleaned with a chlorine solution of 200 ppm after each use.
3. Equipment is then rinsed with fresh water and allowed to dry.
4. Equipment is then stored in plastic containment until it is used again.
5. All equipment is resprayed with 200-ppm chlorine solution prior to entering tanks on site.

All items contacting the water are subject to this process. This not only includes the diving camera equipment, but the inspection instruments as well (i.e., pit depth gauge, rulers, etc.).



EVACUATION PROTOCOL

UNDERWATER SOLUTIONS INC.



EVACUATION PROTOCOL WHILE DIVING UTILIZING COMPRESSED AIR

1. In the event of communication loss with diver, the following diving procedures will be followed:
 - A.) Hand signals with the divers umbilical will establish whether the communication system failed or non-response from diver requires additional procedures.
 - B.) If no response comes from hand umbilical signal, Diver #2 (standby diver) will enter the water following Diver #1 umbilical.
 - C.) Upon reaching the location of Diver #1, Diver #2 will communicate his findings topside.
 - D.) If Diver #1 has been rendered unconscious, unable to communicate or in danger, field emergency telephone numbers will be utilized to summon assistance to our pre-established location.
2. In the event of compressor or air control system failure:
 - A.) Upon failure of the surface supplied air source, the tender will implement the emergency standby air source from the control station within the trailer after notifying the diver and instructions are given to come to the surface.
 - B.) If it is determined that a problem exists within the backup air source (emergency air), the diver will be advised to the situation and to implement use of the bailout bottle worn by the diver.
 - C.) If the diver communications disallow contact with the diver, standby (scuba) gear will be utilized to assess and report topside the conditions found.



3. Procedures for all injuries, which occur, are as follows:
 - A.) Upon advisement of an injury, medical attention will be summoned to the pre-established location.
 - B.) An injury report will be filed by all personnel.
 - C.) CPR procedures will be administered to by on site CPR certified personnel while awaiting the arrival of emergency medical assistance in the event a diver is retrieved or rendered unconscious.
4. Assessment of personnel after reaching the surface:
 - A.) The on site tender will conduct a verbal interview of all divers as they exit the water and document the divers physical and mental state on the open dive log.
 - B.) If it is determined that a diver requires medical treatment due to a physical problem or at the discretion of the tender due to a mental concern, emergency assistance will be summoned to our pre-established location.



ON SITE PROTOCOL

UNDERWATER SOLUTIONS INC.



ON SITE PROTOCOL

A pre-dive meeting will take place prior to commencing this project to inform all personnel of emergency procedures and evacuation methods.

At all times, a dive log with the name of the diver in the water and the time this individual leaves the surface will be maintained.

A confined space plan will be kept posted throughout the entire project with the radio tender.

Police, Fire and Rescue teams telephone numbers will be posted at all times during the project.

All medical records for all personnel will be on site during the project.

UNDERWATER SOLUTIONS INC.
DIVE LOG/CONFINED SPACE ENTRY PERMIT

DATE	CUSTOMER/JOB NAME									
TENDER	DIVER	DIVER	DIVER	DIVER	DIVER	WEATHER				
WATER DEPTH						AIR TEMP				
WORKING DEPTH						WATER TEMP				
LEAVE SURFACE						GEAR TYPE/ AIR SOURCE				
LEAVE BOTTOM										
BOTTOM TIME										
TIME TO 1ST D STOP										
TYPE OF WORK										
DECOMP SCHEDULE	DEPTH	TIME	DEPTH	TIME	DEPTH	TIME	DEPTH	TIME	NO-D LIMITS	
									FEET	MINUTES
									10	NO-D
									15	NO-D
									20	NO-D
									25	1102
									30	371
									35	232
REACH SURFACE									40	163
									45	125
REPET GROUP									50	92
									55	74
									60	63
									70	48
TOTAL TIME OF DIVE									80	39
									90	33
CONDITION OF DIVER									100	25
									110	20
									120	15
EMERGENCY NUMBERS/SAFETY NOTES:	CONFINED SPACE ENTRY PERMIT FOR POTABLE WATER STORAGE TANKS. FULL DRY SUIT, DIVING HELMET AND SURFACE SUPPLIED AIR TO BE USED ONLY, UNLESS OTHERWISE AUTHORIZED BY SUPERVISOR.									
POLICE: 911	PERMIT VALID FOR 8 HOURS								AM/PM	
FIRE:	TO:								AM/PM	
RESCUE:	TAG/LOCKOUT VALVES:									
CLIENT:	OTHER PERSONNEL IN TANK	TIME IN	TIME OUT	TASK						
NOTES:										
	AIR MONITORING (IF APPLICABLE)						SIGNATURE			
	0.2% _____						_____			
	L.E.L% _____						PRINT			
	TOXIC _____						_____			
COPY TO REMAIN ON FILE FOR 7 YEAR										
SUPERVISOR										

FALL PROTECTION | SITE SPECIFIC PLAN

HAZARD ANALYSIS / WORKSHEET

Name of Company: _____

Name of Project: _____

Date of Plan (Month/Day/Year): _____

Competent Person Supervising the Plan: _____

Qualified Person Developing the Plan: _____

Location of Site/Project: _____

Scope of Work To Be Completed (Please Detail Below):

Site Specific Plan Document Instructions

According to OSHA mandated code section 1926.502(K) if an employer can demonstrate that conventional fall protection is infeasible or presents a greater hazard, than the employer *must* develop and implement a site specific fall protection plan (hazard analysis) that complies with 1926.502(k). According to this code, the employer bears the burden of establishing that it is appropriate to implement a fall protection plan for a particular workplace situation based on potential safety hazards that might arise during the course of the work.

Fall Hazards not addressed on this Site Specific Plan will refer back to the companies Fall Protection Program.

Describe Why This Job Needs Its Own Specific Fall Protection Plan

Important Note: Inspect all equipment and work area conditions prior to work. Any damaged equipment should be removed from service. If any work condition changes are not covered by this site plan it is the responsibility of said company to formulate a unique Fall Protection site plan that addresses all worksite hazards present at any given time.

All new hazards should be noted on this plan and reviewed by all employees prior to starting work.

Please Review The Project Site & Fill Out The Appropriate Information Below

1. Are there fall hazards of ten (10) feet or more? Yes ____ No ____
or is there a site specific height requirement, if so what is the height is that height? ____ft

Please be sure to indicate both Location & Hazard Description(s)...

1. Location: _____ Hazard: _____

2. Location: _____ Hazard: _____

3. Location: _____ Hazard: _____

4. Location: _____ Hazard: _____

2. Will work be done overhead? Yes ____ No ____

a. If you answered *yes* to Question 2, then please describe below.

b. If you answered *no* to Question 1 and *no* to Question 2, then please skip to Question 6 (be sure to collect signatures from the entire crew & keep on file).

1. Location: _____ Hazard: _____

2. Location: _____ Hazard: _____

3. Location: _____ Hazard: _____

4. Location: _____ Hazard: _____

3. Equipment needed (please list quantity needed below, if not applicable please leave blank)

- | | |
|--|--|
| <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> Window/Door Anchor |
| <input type="checkbox"/> Lanyard (___') | <input type="checkbox"/> Concrete Anchor |
| <input type="checkbox"/> Lanyard Extension | <input type="checkbox"/> Rope/Wire Grabs |
| <input type="checkbox"/> SRL: (___') | <input type="checkbox"/> Pipe Clamp |
| <input type="checkbox"/> Personal SRL: (___') | <input type="checkbox"/> Beam Strap (___') |
| <input type="checkbox"/> Body Belt (For Fall Restraint Only) | <input type="checkbox"/> Roof Anchor (Nailed) |
| <input type="checkbox"/> Beamer (Rolling) | <input type="checkbox"/> Roof Anchor (Temporary) |
| <input type="checkbox"/> Beamer (Horizontal/Vertical) | <input type="checkbox"/> Danger Tape |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Caution Tape |
| <input type="checkbox"/> Parapet Anchor | |

Warning Line Systems (Span ___')

(See Warning Line System Requirements Located In Fall Protection Program)

Cable Rope Safety Monitor Name(First & Last): _____

Horizontal Life Line System (Span ___')

(See Horizontal Line System Requirements Located In Fall Protection Program)

Cable Rope

Vertical Life Line System (Span ___')

(See Vertical Line System Requirements in Fall Protection Program)

Cable Rope

Other Equipment used: Yes No (If yes, please note in the space provided below)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

4. Rescue Plan (Please Describe):

5. Rescue Equipment Needed (Please detail necessary equipment for above detailed Rescue Plan)

1. Location: _____ Equipment: _____

2. Location: _____ Equipment: _____

3. Location: _____ Equipment: _____

4. Location: _____ Equipment: _____

5. Location: _____ Equipment: _____

6. This fall protection plan has been reviewed by the following workers in accordance with the Companies Fall Protection Program.

Name and Signature of Each Employee is required.

1. _____	x	6. _____	x
2. _____	x	7. _____	x
3. _____	x	8. _____	x
4. _____	x	9. _____	x
5. _____	x	10. _____	x

Your Signature Indicates:

- You understand the Hazards and Safety Procedures described in this plan
- You will report any unusual Hazards or Safety Risks you discover on the job
- You will adhere to this Safety Plan
- You will wear and use all PPE required



INSURANCE CERTIFICATES

UNDERWATER SOLUTIONS INC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2018

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 Fisk Marine Insurance Intl, LLC 8110 Breakwater Dr New Orleans LA 70124		CONTACT NAME: Jodi Wibel PHONE (A/C, No, Ext): (504) 302-4400 E-MAIL ADDRESS: jwibel@fiskusa.com FAX (A/C, No):	
INSURED Underwater Solutions, Inc. PO Box 208 Mattapoisett MA 02739		INSURER(S) AFFORDING COVERAGE INSURER A : GREAT AMERICAN INS. CO. NAIC # 22136 INSURER B : Underwriters at Lloyd's 15792 INSURER C : COMMERCE & INDUSTRY INS CO 19410 INSURER D : WESTCHESTER SURPLUS LINES INS CO 10172 INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1762015461 **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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SRLL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.	Y	Y	OMH5834568-15	10/1/2018	10/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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/A	WC 5226528	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER USL&H E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B D	Professional Liability Contractors Pollution Liability	Y	Y	J180288 G27095240006	1/13/2018 10/1/2018	1/13/2019 10/1/2019	Limit 2,000,000 Each Occurrence 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is named as Additional Insured with Waiver of Subrogation per the Blanket Additional Insured and Blanket Waiver of Subrogation Endorsements. GL is Primary and Non-Contributory. Workers Compensation policy includes a Blanket Waiver of Subrogation as required by written contract and also includes U.S. Longshore and Harbor Workers Act Coverage, Maritime Employers Liability/Jones Act Coverage, Alternate Employer Endorsement and Voluntary Compensation. Work Comp Section 3 A of policy includes states of FL, MA and NY.

CERTIFICATE HOLDER

CANCELLATION

Orlando Utilities Commissions 100 West Anderson Street Orlando FL 32801	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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DIVER CERTIFICATES

UNDERWATER SOLUTIONS INC.



Certificate of Achievement

NACE International Recognizes

Christopher Cole

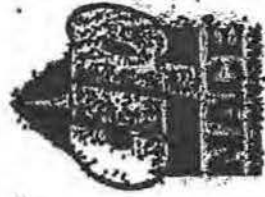
NACE Coating Inspector Level 1—Certified

CIP Certification Number 25173

**Certification Awarded
October 2009**

Tony Keane

Executive Director



COMMERCIAL DIVING CENTER
LOS ANGELES HARBOR, CALIFORNIA

Diploma

This is to certify that

Christopher Arthur Cole

has completed all academic and practical requirements of:

Course 2 - Commercial Diver Training - 32 wks. / 1186 hrs.

This month of March 19 83

James T. Joiner
James T. Joiner, Executive Director

John Robertson
John Robertson, Training Director

Registered Number 993



OSHAcampus TM
powered by 360training.com

Certificate of Course Completion

Christopher A Cole

Student's Name



Student's Signature

OSHA - 10 Hour Construction Industry Education Training program

Course Title

1074949

Certificate Number

11/23/2008 18:16 CST

Course Completion Date

10

of hours approved



Education Unit © 360training.com, Inc. has been reviewed and approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 8405, Greensboro Drive, Suite 800, McLean, VA 22102-5120. 360training.com, Inc. has awarded (1.0) CEUs to participants who successfully complete this program.

1.5 Safety CM Points
Approval#: 08-372

I hereby attest that I have completed the above named safety course in accordance with the ethical guidelines defined by,

OSHAcampus.com

I further state that I have paid for the course and that I did not use another's work (Plagiarism). Students should retain certificates and refer to course instructions to receive official certification where necessary.

360training
Corporate Headquarters
13801 N. Mo-Pac, Suite 100
Austin, Texas 78727
Tel: 888-360-8764
Fax: 512-727-7683
Email: support@360training.com



Environmental Services Companies

Certificate of Training

This is to certify that Christopher A. Cole
representing Underwater Solutions, Inc.

satisfactorily completed training in

PERSONAL PROTECTION & SAFETY FOR HAZARDOUS WASTE OPERATIONS

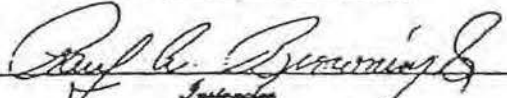
40 HR PROGRAM - February 15-19, 1993

AS REQUIRED BY 29 CFR 1910.120

Conducted by

CLEAN HARBORS ENVIRONMENTAL TRAINING SPECIALISTS

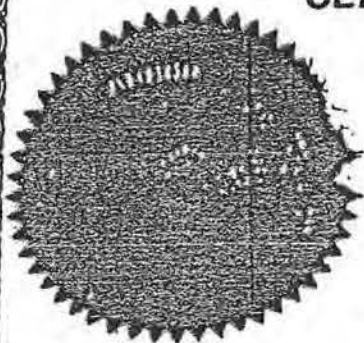
Dated: February 22, 1993



Instructor



Director of Training



Certificate of Completion

Christopher Cole

has successfully completed

Permit & Non-permit Confined Space Entry

OSHA 29 CFR 1910.146 Training

Tested On: 8/17/14

CEU/CME: 0.2/2.0

certificate number

89FFE12A-2631-11E4-ACF5-99D86FA3E387

Trained & Tested at:

www.ComplianceTrainingOnline.com



a division of **KRIST** INCORPORATED

CTO

CDA Technical Institute

This is to certify that

Jerry McCaig

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute in
Jacksonville, Florida on this 25th Day of October 2013

Diploma

With all the honors, rights, privileges and obligations pertaining to

Air/Mixed Gas Commercial Diver




FOUNDER/CEO


CHIEF ADMINISTRATIVE OFFICER



CDA Technical Institute

Jacksonville, Florida

This is to certify that

Jerry McCaig

Having satisfactorily completed the 40 hour course of study
and having complied with all other requirements of CDA Technical Institute

On this 25th Day of October 2013

HAZWOPER

This course complies with and exceeds the
OSHA (40 Hours) 29 CFR 1910.120
Hazardous Waste Operations and Emergency
Response and Commercial Diving in
Hazardous/Contaminated Environments(20
Hours) ANSI/ACDE-01-1998.




FOUNDER/CEO


CHIEF ADMINISTRATIVE OFFICER

This is to certify that

Jerry McCaig

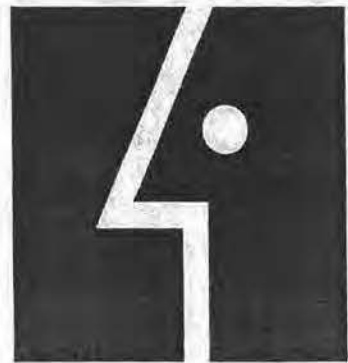
has satisfactorily completed the course of study and having complied with all other requirements of

Air/Mixed Gas Commercial Diver

certifying in

**NDT SPECIALIST SNT-TC-1A-Underwater visual level I
Underwater Ultrasonic Thickness level I and II
Underwater Magnetic Partical level I and II**

through CDA Technical Institute



TM

API

**Certified
Training Provider**

TPCP-0193

1 week
40 Hour

on this 25th day of October 2013


CHIEF ADMINISTRATIVE OFFICER


FOUNDER/CEO

This is to certify that

Jerry McCaig

has satisfactorily completed the course of study and having complied with all other requirements of

Air/Mixed Gas Commercial Diver

certifying in

Offshore Survival

through CDA Technical Institute



TM

API

**Certified
Training Provider**

TPCP-0193

2 Day

16 Hour

on this 25th day of October 2013

CHIEF ADMINISTRATIVE OFFICER

FOUNDER/CEO

This is to certify that

Jerry McCaig

has satisfactorily completed the course of study and having complied with all other requirements of

Air/Mixed Gas Commercial Diver

certifying in

**Rigging Specialist
RP-2D Rigging**

through CDA Technical Institute



TM



**Certified
Training Provider**

TPCP-0193

7 Day

56 Hour

on this 25th day of October 2013

CHEF ADMINISTRATIVE OFFICER

FOUNDER/CEO

CDA Technical Institute

This is to certify that

Jerry McCaig

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute in
Jacksonville, Florida on this 25th Day of October 2013

Certificate of Completion

With all the honors, rights, privileges and obligations pertaining to

Topside Welding for Commercial Divers


FOUNDER/CEO


CHIEF ADMINISTRATIVE OFFICER



CDA Technical Institute

Jacksonville, Florida

This is to certify that

Jerry McCaig

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute

This 25th Day of October 2013

Underwater Welding Specialist

Advanced Welding
Procedures/Specifications ISO
15618-1:2001(E) / AWS D3.LM:1998
Wet Welding / Hyperbaric Welding
Testing : ANNEX A-ISO15618




FOUNDER / CEO


DIRECTOR OF EDUCATION

Underwater Welding Qualification Certificate

Testing Standard: AWS D3.6M-10 Class C

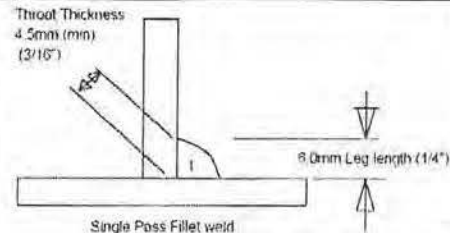
Welding Procedure No: CDA1180-872

Welder's Name: Jerry McCaig

Organization: CDA Technical Institute



Weld Test Details		Range Of Approval
Welding Process	SMAW / MMA (Wet-Stick) 111	Underwater SMAW
Plate or Pipe	Plate (P)	Plate or pipe over 24"
Pipe OD [mm]	-	-
Material Thickness	1/4"	1/8" - 1/2"
Parent Metal Group	Plain carbon steel A36	Group 1 materials to ISO 15608:2000
Type of Joint	T' joint fillet weld (FW)	Single pass fillet welds only
Electrode Size & Type	5/32" Broco Softtouch	E7014 Equivalent
Amps/Volts & Polarity	180-185A @25-26V (DCEN)	Stated range, +/- 10%
Welding Position(s)	PB (Horizontal Fillet) (2F)	1F & 2F
# of Weld Passes	One (1) Pass	Single pass fillet welds
Techniques Used	Drag Technique	As specified
Transportation Method	Wet Quiver	As specified
Travel Speed	8.5" p/minute	
Visibility & Depth	Good, 10ft	
Water Type & State	Freshwater training tank	
Machine Make/Model	Lincoln Vantage 300	



Type of Test	Results
Visual	Satisfactory
Radiography	N/A
MPI/Dye Pen	N/A
Macro	N/A
Fracture	N/A
Bend	N/A
Additional Tests	N/A

PASSED

Prolongation for Approval by Employer

Date	Signature	Position

Date of Welding: 10/25/2013
 Location of Welding: Jacksonville, FL
 Validity of Approval: 90 days

Internal Examiner: Walt Joslyn
 Signature & Stamp: *Walt Joslyn*

Certificate of Completion

Jerry McCaig

has successfully completed

Permit & Non-permit Confined Space Entry

OSHA 29 CFR 1910.146 Training

Tested On: 7/11/15

HRS/CEU/CME: 2.0/0.2/2.0

certificate number

80740E48-27F6-11E5-B5BC-7E70B53D13A8

Trained & Tested at:

www.ComplianceTrainingOnline.com



a division of **KRIST** INCORPORATED

CTO

Compliance Training Online™

a division of **KRIST INC.**

hereby certifies that

Jerry McCaig

has successfully completed
Permit & Non-permit Confined Space Entry
OSHA 29 CFR 1910.146 Training



A1305548

Adult, Child, Infant CPR
& AED Training (BLS)

Jerry McCaig

This card certifies that the above individual has successfully completed the requirements in accordance with American Health Care Academy's curriculum.

07/21/2018
Issue Date

07/21/2020
Renewal Date

Instructor Signature

Holder's Signature

Call 911 in case of a medical emergency
Call 1-800-222-1222 in a poison emergency
For CPR/AED or First Aid training information
call 1-888-277-7865 or visit cpraedcourse.com

American Health Care Academy
Renewal Recommended every 2 years

CDA Technical Institute

This is to certify that

Karissa Soto

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute in
Jacksonville, Florida on this 22nd Day of November 2013

Diploma

With all the honors, rights, privileges and obligations pertaining to

Air/Mixed Gas Commercial Diver




FOUNDER/CEO


CHIEF ADMINISTRATIVE OFFICER



CDA Technical Institute

Jacksonville, Florida

This is to certify that

Karissa Soto

Having satisfactorily completed the 40 hour course of study
and having complied with all other requirements of CDA Technical Institute

On this 22nd Day of November 2013

HAZWOPER

This course complies with and exceeds the
OSHA (40 Hours) 29 CFR 1910.120
Hazardous Waste Operations and Emergency
Response and Commercial Diving in
Hazardous/Contaminated Environments(20
Hours) ANSI/ACDE-01-1998.




FOUNDER/CEO


CHIEF ADMINISTRATIVE OFFICER

This is to certify that

Karissa Soto

has satisfactorily completed the course of study and having complied with all other requirements of

Air/Mixed Gas Commercial Diver

certifying in

**Rigging Specialist
RP-2D Rigging**

through CDA Technical Institute



TM

API

Certified
Training Provider

TPCP-0193

7 Day

56 Hour

on this 22nd day of November 2013

A handwritten signature in black ink, appearing to read 'M. J. Soto', written over a horizontal line.

CHIEF ADMINISTRATIVE OFFICER

A handwritten signature in black ink, appearing to read 'C. S. Soto', written over a horizontal line.

FOUNDER/CEO

This is to certify that

Karissa Soto

has satisfactorily completed the course of study and having complied with all other requirements of

Air/Mixed Gas Commercial Diver

certifying in

Offshore Survival

through CDA Technical Institute



TM

API

**Certified
Training Provider**

TPCP-0193

2 Day
16 Hour

on this 22nd day of November 2013

CHIEF ADMINISTRATIVE OFFICER

FOUNDER/CEO

This is to certify that

Karissa Soto

has satisfactorily completed the course of study and having complied with all other requirements of

Air/Mixed Gas Commercial Diver

certifying in

**NDT SPECIALIST SNT-TC-1A-Underwater visual level I
Underwater Ultrasonic Thickness level I and II
Underwater Magnetic Partical level I and II**

through CDA Technical Institute



TM




**Certified
Training Provider**

TPCP-0193

1 week
40 Hour

on this 22nd day of November 2013


CHIEF ADMINISTRATIVE OFFICER


FOUNDER/CEO

CDA Technical Institute

This is to certify that

Karissa Soto

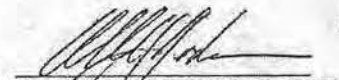
Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute in
Jacksonville, Florida on this 22nd Day of November 2013

Certificate of Completion

With all the honors, rights, privileges and obligations pertaining to

Topside Welding for Commercial Divers


FOUNDER/CEO


CHIEF ADMINISTRATIVE OFFICER



CDA Technical Institute

Jacksonville, Florida

This is to certify that

Karissa Soto

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute

This 22nd Day of November 2013

Underwater Welding Specialist

Advanced Welding
Procedures/Specifications ISO
15618-1:2001(E) / AWS D3.LM:1998
Wet Welding / Hyperbaric Welding
Testing : ANNEX A-ISO15618




FOUNDER / CEO


DIRECTOR OF EDUCATION

Certificate of Completion

Karissa Soto

has successfully completed

Permit & Non-permit Confined Space Entry

OSHA 29 CFR 1910.146 Training

Tested On: 7/12/15

HRS/CEU/CME: 2.0/0.2/2.0

certificate number

18C2461A-28F1-11E5-B5BC-7E70B53D13A8

Trained & Tested at:

www.ComplianceTrainingOnline.com



a division of **KRIST** INCORPORATED

CTO

Compliance Training Online™

a division of **KRIST INC.**

hereby certifies that

Karissa Soto

has successfully completed
Permit & Non-permit Confined Space Entry
OSHA 29 CFR 1910.146 Training



A1305547

Adult, Child, Infant CPR
& AED Training (BLS)

Karissa Soto

This card certifies that the above individual has successfully completed the requirements in accordance with American Health Care Academy's curriculum.

07/21/2018
Issue Date

07/21/2020
Renewal Date

Instructor Signature

Holder's Signature

Call 911 in case of a medical emergency
Call 1-800-222-1222 in a poison emergency
For CPR/AED or First Aid training information
call 1-888-277-7865 or visit cpraedcourse.com

American Health Care Academy
Renewal Recommended every 2 years

CDA Technical Institute

This is to certify that

Wraig Medeiros

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute in
Jacksonville, Florida on this 18th Day of December 2015

Certificate of Completion

With all the honors, rights, privileges and obligations pertaining to
Topside Welding for Commercial Divers




FOUNDER/CEO


EXECUTIVE DIRECTOR

This is to certify that

Craig Medeiros

Has satisfactorily completed the course of study and having complied with all the requirements of

Air/Mixed Gas Commercial Diver

NDT Specialist SNT-TC-1A Underwater Visual Level I

Underwater Ultrasonic Thickness Level I and II

Underwater Magnetic Particle Level I and II

Through CDA Technical Institute

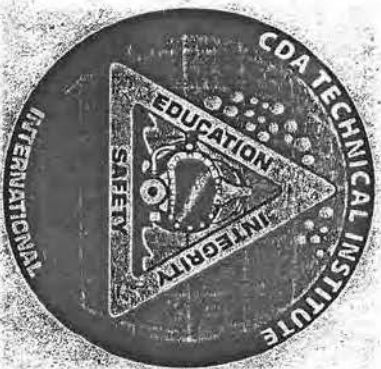
On this 18th Day of December 2015



1 Week
40 Hours


EXECUTIVE DIRECTOR


FOUNDER/CEO



This is to certify that

Craig Mendeiros

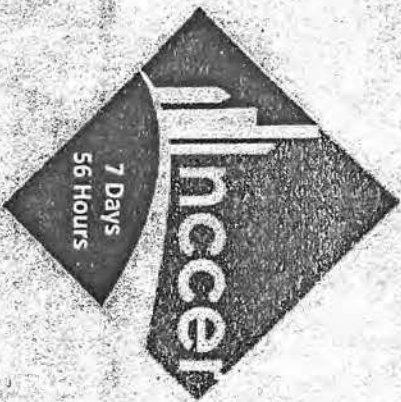
Has satisfactorily completed the course of study and having complied with all the requirements of

Air/Mixed Gas Commercial Diver

N.C.C.E.R. Fundamentals of Rigging

Through CDA Technical Institute

On this 18th day of December 2015




EXECUTIVE DIRECTOR


FOUNDER/CEO



CDA Technical Institute

Jacksonville, Florida

This is to certify that

Craig Medeiros

Having satisfactorily completed the 40 hour course of study
and having complied with all other requirements of CDA Technical Institute

On this 18th Day of December 2015

HAZWOPER

This course complies with and exceeds the
OSHA (40 Hours) 29 CFR 1910.120
Hazardous Waste Operations and Emergency
Response and Commercial Diving in
Hazardous/Contaminated Environments(20
Hours) ANSI/ACDE-01-1998.




FOUNDER/CEO


EXECUTIVE DIRECTOR

This is to certify that

Craig Medeiros

Has satisfactorily completed the course of study and having complied with all the requirements of

Air/Mixed Gas Commercial Diver

Offshore Survival

Through CDA Technical Institute

On this 18th Day of December 2015




EXECUTIVE DIRECTOR


FOUNDER/CEO

2 Days
16 Hours

CDA Technical Institute

This is to certify that

Craig Medeiros

Having satisfactorily completed the course of study
and having complied with all other requirements of CDA Technical Institute in
Jacksonville, Florida on this 18th Day of December 2015

Diploma

With all the honors, rights, privileges and obligations pertaining to

Air/Mixed Gas Commercial Diver




FOUNDER/CEO


CHIEF OPERATING OFFICER



Certificate of Completion

craig medeiros

has successfully completed

Cal/OSHA Confined Space Entry

Title 8 CCR, Section 5157 & 5158 Training

Tested On: 5/15/16

HRS/CEU/CME: 2.0/0.2/2.0

certificate number

6E859D60-1AF4-11E6-89B2-9457A56B2AFC

Trained & Tested at:

www.ComplianceTrainingOnline.com



a division of **KRIST** INCORPORATED

CTO



A1308510

Adult, Child, Infant CPR
& AED Training (BLS)

Craig Medeiros

This card certifies that the above individual has successfully completed the requirements in accordance with American Health Care Academy's curriculum.

07/27/2018
Issue Date


07/27/2020
Renewal Date

Instructor Signature

Holder's Signature

Call 911 in case of a medical emergency
Call 1-800-222-1222 in a poison emergency
For CPR/AED or First Aid training information
call 1-888-277-7865 or visit cpraedcourse.com

American Health Care Academy
Renewal Recommended every 2 years

 Southcoast Health

SOUTHCOAST PHYSICIANS GROUP
100 Rosebrook Way 2nd Floor
Wareham MA 02571-2097
508-273-4950

February 21, 2018

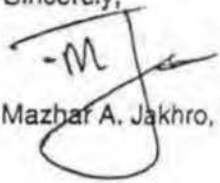
Patient: Christopher A Cole
Date of Birth: 4/5/1964
Date of Visit: 2/21/2018

To Whom It May Concern:

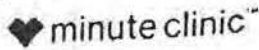
Christopher Cole was seen on today and had a routine physical exam. Patient is healthy.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



Mazhar A. Jakhro, MD



Patient Name: M'CAIG, JERRY, D
 Address: 16 Stoneledge Rd, Mattapoisett, MA 02739

Today's Date: 28 JULY
 Date of Birth: 01 JUN 57

Part One: TO BE COMPLETED BY PATIENT

Purpose of Exam: WORK PHYSICAL

Current Medications (including over the counter and/or herbal supplements):

Name	Dosage	How Often?	Reason for Medication?
<u>DEUCINE</u>	<u>3 GR / DAY</u>		<u>SUPPLEMENT HEALTH</u>
<u>L-ARGININE</u>	<u>3 GR / DAY</u>		<u>SUPPLEMENT HEALTH</u>

Allergies/Sensitivities: N/A

Adult Immunizations Review:

Please list the date of your last immunizations (write N/A if not applicable):

Flu: _____ Pneumonia: _____ Shingles: _____ Tdap (Tetanus, Diphtheria & Pertussis): _____

Review of Systems:

Mark YES or NO to the following health history questions:

For any YES answer write the start date, diagnosis, treating providers' name and any current limitation in the comment field below.

System	YES	NO	System	Yes	NO	System	Yes	No
GENERAL:			HEENT:			NEUROLOGICAL:		
Weight loss		/	Headache		/	Blackouts		/
Fatigue		/	Vision Loss		/	Dizziness		/
Memory Loss		/	Decreased Hearing		/	Seizure		/
ENDOCRINOLOGY:			Sinus Pain		/	Numbness/tingling		/
Diabetes		/	RESPIRATORY:			PSYCHIATRIC:		
Excessive thirst		/	Cough		/	Anxiety		/
Excessive Urination		/	Wheezing		/	Depression		/
GASTROINTESTINAL:			HEMATOLOGY:			Sleep issues		/
Bloody stool		/	Anemia		/			
Constipation		/	Bleeding Issues		/			
Heartburn		/	GENITOURINARY:					
Nausea/Vomiting		/	Pain with urination		/			
Diarrhea		/	Blood in urine		/			
CARDIOVASCULAR:			Menstrual irregularities		/			
Chest Pain		/	MUSCULOSKELETAL:					
Irregular heartbeat		/	Joint pain		/			
Elevated blood pressure		/	Joint swelling		/			
Shortness of breath		/	Jaw pain		/			
Limb swelling		/						

Comments:

Patient Signature: _____

Jerry D. McCaig

Date: 28 JULY

Part Two: TO BE COMPLETED BY PROVIDER

GENERAL PHYSICAL EXAM:

Patient Name: Jerry McCaig

DOB: 6-1-87

VITAL SIGNS:

Height 5'9"
Respiration 16

Weight 165 lbs.
Temperature 97.5

Blood Pressure 128/78
Vision 20/20 L/R/B

Pulse 68

TUBERCULOSIS (TB) SCREENING:

Is Tb screening required for this exam? Yes No

If Yes: Date given _____ Date read _____ Results _____

System Name	Normal Findings?	Comments/Abnormal Findings
Eyes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Ears	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Nose	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Mouth/Throat	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Head/Face/Neck	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Lungs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Cardiovascular	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Extremities	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Abdomen/Gastrointestinal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Musculoskeletal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Integumentary	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Genitourinary (males only)*	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>N/A</u>
Lymphatic	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Endocrine	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Nervous System	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

*Consider GU exam if suspected hernia or if required by employer. Having third party present is recommended.

Additional Comments/Recommendations: I can identify no reason that this patient would not be able to dive.

Name of Provider Completing Exam (please print): Dana Drake Date: 7-28-18

Provider Signature: [Signature] Patient Signature: [Signature]

Clinic Address: _____ Phone Number: 1-866-389-2727

CVS PHARMACY/ATTN: MINUTE CLINIC
2375 VANDERBILT BEACH RD
NAPLES, FL 34109

Public Burden Statement: This information is collected for the purpose of... (small print text)

Medical Examiner's Certificate

I certify that I have examined Last Name: McLaugherty First Name: Jerry In accordance with (please check only one)
the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.68) and, with knowledge of the driving subject, (for this person is qualified)
the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.68) with any applicable State variances (which will only be valid for interstate operations, and, with knowledge of the driving duties,
I find this person is qualified, and, if applicable, only when listed on that apply)
Wearing corrective lenses Accompanied by a Skill Performance Evaluation (SPE) Certificate
Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate
Qualified by operation of 49 CFR 391.64 (Federal)
Grandfathered from State requirements (State)

Medical Examiner's Signature: Tracie Washburn Date Certificate Signed: 7/14/18
Medical Examiner's Telephone Number: (508) 992-5536
Medical Examiner's Name (please print or type): Tracie Washburn
Medical Examiner's State License, Certificate, or Registration Number: RN 061281
Issuing State: MA National Registry Number: 84585685023

Driver's Signature: Amy P. McLaugherty
Driver's License Number: M220-424-17-2019L
Issuing State/Province: MA
Street Address: 8 TERREY LANE City: MATTAPOISETT State/Province: MA Zip Code: 02237
CLP/CPL Applicant/Holder: Yes No



DIVERS MEDICAL INFORMATION

UNDERWATER SOLUTIONS INC.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC 552a.

AUTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

MEDICAL RECORD #

(or sticker)

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made (49 CFR 391.43(i)).

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (25 FR 82132), under "Prefatory Statement of General Routine Uses" (available at <http://www.dot.gov/privacy/privacyactnotices>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: [Signature] Date: 14 JUL 16

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: MCCALL First Name: JERRY Middle Initial: D Date of Birth: 01 JUN 87 Age: 29

Street Address: 8 TOBEY LANE City: MATTAPoisETT State/Province: MA Zip Code: 02739

Driver's License Number: M220-424-87-201-0 Issuing State/Province: FL Phone: 7576726159 Gender: M F

E-mail (optional): _____ CLP/CDL Applicant/Holder*: Yes No

Driver ID Verified By*: [Signature]

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

[Empty box for listing surgery]

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below. Yes No Not Sure

[Empty box for listing medications]

(Attach additional sheets if necessary)

Last Name: MCCALG First Name: JERRY DOB: 01JUL87 Exam Date: 14JUL16

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Not				Not		
	Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

C health condition(s) not described above: Yes No Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. Yes No Not Sure

29. 2-3 x DAILY
30. 2-3 x WEEKLY

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [Signature] Date: 14JUL16

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

PMH: Pt denies ; daily meds
H: Pt denies
NKA
occasional chewing tobacco
Rx: None

(Attach additional sheets if necessary)

Last Name: MCCALG First Name: JERRY DOB: 01 JUN 87 Exam Date: 14 JUL 16

TESTING

Pulse rate: 63 Pulse rhythm regular: Yes No Height: 5 feet 8 inches Weight: 171 pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>112</u>	<u>74</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.015</u>	<u>NEG</u>	<u>NEG</u>	<u>NORM</u>
Second reading (optional)							

Other testing if indicated:

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision
 Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	<u>20/13</u>	20/___	Right Eye: ___ degrees
Left Eye:	<u>20/15</u>	20/___	Left Eye: ___ degrees
Both Eyes:	<u>20/13</u>	20/___	

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors Yes No

Monocular vision Yes No

Referred to ophthalmologist or optometrist? Yes No

Received documentation from ophthalmologist or optometrist? Yes No

Hearing
 Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: Right Ear Left Ear Neither

Whisper Test Results
 Record distance (in feet) from driver at which a forced whispered voice can first be heard

Right Ear	Left Ear
<u>25</u>	<u>25</u>

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Average (right): _____ Average (left): _____

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input checked="" type="radio"/>	<input type="radio"/>	8. Abdomen	<input checked="" type="radio"/>	<input type="radio"/>
2. Skin	<input checked="" type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input checked="" type="radio"/>	<input type="radio"/>
3. Eyes	<input checked="" type="radio"/>	<input type="radio"/>	10. Back/Spine	<input checked="" type="radio"/>	<input type="radio"/>
4. Ears	<input checked="" type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input checked="" type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input checked="" type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input checked="" type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	13. Gait	<input checked="" type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input checked="" type="radio"/>	<input type="radio"/>	14. Vascular system	<input checked="" type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)



URGENT CARE
american family care

119 COGGESHALL ST
NEW BEDFORD, MA 02746
phone: 508-990-1900 • fax: 508-990-1929
Monday - Friday: 8:00 AM - 8:00 PM
Saturday: 8:00 AM - 5:00 PM
Sunday: 8:00 AM - 5:00 PM

Examination Form

Please print and fill-out this form completely on both sides.

Patient's Name: Karissa Soto Date of Birth: 07/23/1990
 Home Phone: 508-803-9852 Work Phone: " Other: "
 Name of Parent or Guardian (if under 18 years of age): _____
 Height: 5'4" Weight: 149.6 BP 122/77 Resting Pulse: 73 Vision: R 20/40 L 20/20 Corrected? Y N

Area	Comments	Initials	Area	Comments	Initials
Head & Scalp		<i>KMS</i>	Hernia		<i>KMS</i>
Ears			Paired & Functioning Organs		
Nose & Sinus			Musculoskeletal		
Throat, Tonsils, & Adenoids			Spine/Posture		
Thyroid			Shoulders		
Chest/Lungs			Lower Arm, Hand, & Fingers		
Respirations			Torso: Posture		
Cardiovascular			Lower Body: Knee, Ankles, Feet		
Heart Rate			Skin		
Rhythm			Central Nervous System		
Murmurs			Pupil Response		
Other			Reflexes		
Abdomen			Coordination		
Scar, Tenderness, or Masses			<i>KMS</i>		

CLEARANCE

THIS SECTION MUST BE COMPLETED, SIGNED, AND STAMPED BY THE ATTENDING PRACTITIONER

Cleared for full physical activity: Yes No

If no, explain: _____

Signature of Practitioner: *[Handwritten Signature]* Date of Exam: 7/27/2018

continued

continued

HISTORY

Preparticipation Physical Examination

Date of Exam: 7/27/18

Explain "Yes" answers below. Circle questions you don't know the answer to.

1. Has a doctor ever restricted your participation in sports for any reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	22. Do you regularly use a brace or assistive device?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
2. Do you have an ongoing medical condition? (Like diabetes or asthma)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Are you currently taking any prescription over-the-counter medicines or pills?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Do you cough, wheeze, or have difficulty during or after exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family with asthma?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Were you born without/are you missing a kidney, eye, testicle, or other organ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Has your doctor ever told you that you have: (Check all that apply):			30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> A Heart Murmur		31. Have you had a head injury/concussion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> A Heart Infection		32. Have you been hit in the head & been confused or lost memory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Has a doctor ever ordered a test for your heart? (ex ECG, echocardiogram)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Have you ever had a seizure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Does anyone in your family have a heart problem?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in arms or legs after being hit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Has a family member died of heart problems before the age of 50?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. Have you ever been unable to move arms after being hit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. Has a doctor ever told you that you or a family member has sickle cell trait/disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Have you ever had surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. Have you had eye or vision problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a game/practice? If yes, circle affected area below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40. Do you wear glasses/contacts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Have you ever had any broken or fractured bones or dislocated joints? If yes, circle affected area below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Have you ever had an injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle affected area below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Head	Elbow	Upper Back	Knee	43. Are you trying to lose or gain weight?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck	Forearm	Lower Back	Calf/Shin	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shoulder	Hand/Fingers	Hip	Ankle	45. Do you limit what you eat?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Upper Arm	Chest	Thigh	Foot/Toes	46. Do you have any concerns you want to discuss with the doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explain "Yes" answers here: Allergic to latex, skin conditions (eczema/psoriasis), trying to lose weight			
21. Have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Notice to Patients:
 Because American Family Care has limited access to your complete medical history, the physical performed today should not be considered comprehensive. You should always consult with your primary care physician and share the results of our examination with them. If there are any concerns regarding the results of your examination today, you should consult with your primary care physician before engaging in any strenuous activities.

I hereby state that the above answers, to the best of my knowledge, are complete and correct.

Patient's Signature: [Signature] Date: 7/27/18

Parent or guardian's signature: _____ Date: 1/1

(if under 18 years of age)

Medical Examiner's Certificate
 (For Licensed Driver Medical Certificate)

U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

I certify that I have examined Last Name: Soto First Name: Yanis in accordance with those check only one:
 The Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) and with knowledge of the driving skills. (Find the person is qualified and if applicable, only when listed at that apply) OR
 Other Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) with any applicable State variance which will only be valid for license renewal for license renewal and with knowledge of the driving skills.
 Find this person is qualified, and if applicable, only when listed at that apply:
 Working corrective lenses Accompanied by a _____ while performing Driving with an exempt heavy zone (49 CFR 391.43) Federal MCSA-3075, with any conditions outlined on Safety Company and company, and in the in my office.
 Working hearing aid Accompanied by a 308 Performance Evaluation (PPE) Certificate Qualified by operation of 49 CFR 391.44 Federal Grandfathered from State requirements (Don't)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form MCSA-3075, with any conditions outlined on Safety Company and company, and in the in my office.
 Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 650 9925510 Date Certificate Signed: 7/16/18

Medical Examiner's Name (last, first, or full): Rose Zamariz
 Medical Examiner's State License, Certificate, or Registration Number: PA148
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (Specify): _____
 Existing State: MA Medical Registry Number: 7881693726

Driver's Signature: [Signature] Driver's License Number: D12274577 Issuing State/Province: VA
 Driver's Address: 8 Tower Lane City/Town/Village: Orwellton State/Province: MA Zip Code: 02779 M O No. 01

Street Address: 8 Tower Lane City/Town/Village: Orwellton State/Province: MA Zip Code: 02779 M O No. 01

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, DC 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form

(for Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

AUTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

MEDICAL RECORD #

(or sticker)

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made [49 CFR 391.43(i)].

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under "Prefatory Statement of General Routine Uses" (available at <http://www.dot.gov/privacy/privacyactnotices>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: [Signature] Date: 7-16-16

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: Soto First Name: Kavissa Middle Initial: S Date of Birth: 07-07-1990 Age: 26

Street Address: 8 Tower Ln City: Waltham, MA State/Province: MA Zip Code: 02739

Driver's License Number: 012247457 Issuing State/Province: LA Phone: 505-803-9852 Gender: OM

E-mail (optional): _____ CLP/CDL Applicant/Holder*: Yes No

Driver ID Verified By**: [Signature] LLC

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See Instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

[Empty box for listing surgery]

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below. Yes No Not Sure

[Empty box for listing medications]

(Attach additional sheets if necessary)

Last Name: Soto First Name: Karissa DOB: 07-07-1990 Exam Date: 7-16-16

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Not				Not		
	Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Other health condition(s) not described above: Yes No Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. Yes No Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [Signature] Date: 7-16-16

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

[Signature]

(Attach additional sheets if necessary)

Last Name: Soto First Name: Karissa DOB: 07-07-1990 Exam Date: 7-16-16

TESTING

Pulse rate: 58 Pulse rhythm regular: Yes No Height: 5 feet 4 inches Weight: 147 pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>100</u>	<u>70</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.015</u>	<u>neg</u>	<u>250</u>	<u>Norm</u>
Second reading (optional)							

Other testing if indicated:
 Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision	Check if hearing aid used for test: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Neither
Right Eye:	<u>20/</u>	<u>20/25</u>	Right Eye: <u> </u> degrees	Whisper Test Results Record distance (in feet) from driver at which a forced whispered voice can first be heard <u>>5 >5</u>
Left Eye:	<u>20/</u>	<u>20/25</u>	Left Eye: <u> </u> degrees	
Both Eyes:	<u>20/</u>	<u>20/25</u>		

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors Yes No **OR**

Monocular vision **Audiometric Test Results**

Right Ear	Left Ear
<input checked="" type="checkbox"/> 500 Hz	<input type="checkbox"/> 500 Hz
<input type="checkbox"/> 1000 Hz	<input type="checkbox"/> 1000 Hz
<input type="checkbox"/> 2000 Hz	<input type="checkbox"/> 2000 Hz

Average (right): Average (left):

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Genito-urinary system including hernias	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Back/Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Extremities/joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Mouth/throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Neurological system including reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cardiovascular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Gait	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Lungs/chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Vascular system	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: Soto First Name: Kaissa DOB: 07-07-1990 Exam Date: 7-16-16

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- Does not meet standards (specify reason): _____
- Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- Meets standards, but periodic monitoring required (specify reason): _____
Driver qualified for: 3 months 6 months 1 year other (specify): _____
- Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
- Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
- Driving within an exempt intracity zone (see 49 CFR 391.62 (Federal))
- Determination pending (specify reason): _____
 - Return to medical exam office for follow-up on (must be 45 days or less): _____
 - Medical Examination Report amended (specify reason): _____
(if amended) Medical Examiner's Signature: _____ Date: _____
- Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: Rose Zolnerz
Medical Examiner's Name (please print or type): Rose Zolnerz

Medical Examiner's Address: 210 Washington st City: Fairhaven State: MA Zip Code: 02719

Medical Examiner's Telephone Number: 508-992-5546 Date Certificate Signed: 7/16/16

Medical Examiner's State License, Certificate, or Registration Number: PA148 Issuing State: MA

- MD DO Physician Assistant Chiropractor Advanced Practice Nurse
- Other Practitioner (specify): _____

National Registry Number: 7881697726

Medical Examiner's Certificate Expiration Date: 7/16/18

Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2125-0008. Public reporting for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MCRAA, 1200 New Jersey Avenue, SE, Washington, DC, 20590

U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

Medical Examiner's Certificate
 (for Commercial Driver Medical Certification)

I certify that I have examined Last Name: ACOSTA First Name: LUIS In accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
8/16/19

Medical Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number <u>258-241-1611</u>	Date Certificate Signed <u>7/16/17</u>
Medical Examiner's Name (please print or type) <u>LUIS ACOSTA</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	<input type="radio"/> Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number <u>2027</u>	Issuing State <u>MA</u>	National Registry Number <u>701-3031500</u>

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>1144</u>	Issuing State/Province <u>MA</u>
Driver's Address Street Address: <u>1112 PLYMOUTH</u> City: <u>ACQUINNETT</u> State/Province: <u>MA</u> Zip Code: <u>02743</u>	CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No	

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



URGENT CARE
american family care

119 COGGESHALL ST
NEW BEDFORD, MA 02746
phone: 508-990-1900 • fax: 508-990-1929
Monday - Friday: 8:00 AM - 8:00 PM
Saturday: 8:00 AM - 5:00 PM
Sunday: 8:00 AM - 5:00 PM

Examination Form

Please print and fill-out this form completely on both sides.

Patient's Name: Craig Medeiros Date of Birth: 08/16/1996
 Home Phone: 508-998-8506 Work Phone: 508 717 5546 Other: _____
 Name of Parent or Guardian (if under 18 years of age): _____
 Height: 68" Weight: 161 BF 122, 66 Resting Pulse: 70 Vision: R 20/20 L 20/15 Corrected? Y N

Area	Comments	Initials	Area	Comments	Initials
Head & Scalp		XMM	Hernia		XMM
Ears			Paired & Functioning Organs		
Nose & Sinus			Musculoskeletal		
Throat, Tonsils, & Adenoids			Spine/Posture		
Thyroid			Shoulders		
Chest/Lungs			Lower Arm, Hand, & Fingers		
Respirations			Torso: Posture		
Cardiovascular			Lower Body: Knee, Ankles, Feet		
Heart Rate			Skin		
Rhythm			Central Nervous System		
Murmurs			Pupil Response		
Other			Reflexes		
Abdomen			Coordination		
Scar, Tenderness, or Masses					

CLEARANCE

THIS SECTION MUST BE COMPLETED, SIGNED, AND STAMPED BY THE ATTENDING PRACTITIONER

Cleared for full physical activity: Yes No

If no, explain: _____

Signature of Practitioner: [Signature] Date of Exam: 7/27/10

continued

continued

Preparticipation Physical Examination

HISTORY

Date of Exam: 7, 27, 18

Explain "Yes" answers below. Circle questions you don't know the answer to.

1. Has a doctor ever restricted your participation in sports for any reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	22. Do you regularly use a brace or assistive device?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Do you have an ongoing medical condition? (Like diabetes or asthma)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you currently taking any prescription over-the-counter medicines or pills?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Do you cough, wheeze, or have difficulty during or after exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Is there anyone in your family with asthma?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Were you born without/are you missing a kidney, eye, testicle, or other organ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has your doctor ever told you that you have: (Check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Infection			30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (ex ECG, echocardiogram)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. Have you had a head injury/concussion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. Have you been hit in the head & been confused or lost memory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. Have you ever had a seizure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Has a family member died of heart problems before the age of 50?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in arms or legs after being hit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. Have you ever been unable to move arms after being hit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Have you ever had surgery?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a game/practice? If yes, circle affected area below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. Has a doctor ever told you that you or a family member has sickle cell trait/disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Have you ever had any broken or fractured bones or dislocated joints? If yes, circle affected area below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. Have you had eye or vision problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Have you ever had an injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle affected area below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses/contacts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Head Elbow Upper Back Knee			41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neck Forearm Lower Back Calf/Shin			42. Are you happy with your weight?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shoulder Hand/Fingers Hip Ankle			43. Are you trying to lose or gain weight?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper Arm Chest Thigh Foot/Toes			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			45. Do you limit what you eat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			46. Do you have any concerns you want to discuss with the doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explain "Yes" answers here: _____		
21. Have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____		

Notice to Patients:

Because American Family Care has limited access to your complete medical history, the physical performed today should not be considered comprehensive. You should always consult with your primary care physician and share the results of our examination with them. If there are any concerns regarding the results of your examination today, you should consult with your primary care physician before engaging in any strenuous activities.

I hereby state that the above answers, to the best of my knowledge, are complete and correct.

Patient's Signature: Craig Medina

Date: 07/27/18

Parent or guardian's signature: _____

Date: / /

(if under 18 years of age)



CRIMINAL BACKGROUND CHECKS

UNDERWATER SOLUTIONS INC.



Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 07/24/2018 12:27 as the response to your request submitted on 07/24/2018 10:48 with the following details:

Request Details

Request ID: **E18STA-00794677** Request Date/Time: **07/24/2018 10:48**

Name: **COLE, CHRISTOPHER A**

Former Last Name(s):

Date of Birth: **04/05/1964**

SSN: *****-56-4996**

Sex: **MALE**

Race: **White**

Father's Name: **COLE, RONALD**

Mother's Name: **COLE, DORIS
(KLOPOTOSKI)**

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.



Massachusetts Criminal Offender Record Information (CORI)

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This Massachusetts CORI was generated on 06/16/2015 09:24 as the response to your request submitted on 06/16/2015 09:23 with the following details:

Request Details

Request ID: E15STA-00600877	Request Date/Time: 06/16/2015 09:23
Name: MCCAIG, JERRY D	
Former Last Name(s):	
Date of Birth: 06/01/1987	SSN: ***-25-6212
Sex: MALE	Race: White
Father's Name: BARBER, JOHN	Mother's Name: MCCAIG, SHERYL (MCCAIG)

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.



Massachusetts Criminal Offender Record Information (CORI)

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This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 06/16/2015 09:24 as the response to your request submitted on 06/16/2015 09:23 with the following details:

Request Details

Request ID: E15STA-00600876	Request Date/Time: 06/16/2015 09:23
Name: SOTO, KARISSA S	
Former Last Name(s):	
Date of Birth: 07/07/1990	SSN: ***-89-3803
Sex: FEMALE	Race: White
Father's Name: SOTO, RAY	Mother's Name: BACA-CHENEY, MICHELLE (BACA)

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 07/24/2018 11:13 as the response to your request submitted on 07/24/2018 10:42 with the following details:

Request Details

Request ID: E18STA-00794491	Request Date/Time: 07/24/2018 10:42
Name: MEDEIROS, CRAIG W	
Former Last Name(s):	
Date of Birth: 08/16/1996	SSN: ***-80-5188
Sex: MALE	Race: White
Father's Name: MEDEIROS, DONAL	Mother's Name: MEDEIROS, DEBORAH (HARRIS)

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.

ATTACHMENT B: PRICING SCHEDULE FOR RFP18 4601 OQ WATER TANK INSPECTION AND CLEANING SERVICES						
DESCRIPTION	SPEC ITEM (REFERENCE ATTACHMENT A: DETAILED SCOPE OF WORK & REQUIREMENTS)	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
MOB AND DEMOB COST PER EACH ADDITIONAL INSPECTION ONLY SERVICE CALL OUT	ALL	\$ 0				
MOB AND DEMOB COST PER EACH ADDITIONAL CLEANING ONLY SERVICE CALL OUT	ALL	\$ 0				
MOB AND DEMOB COST PER EACH ADDITIONAL COMBINED INSPECTION AND CLEANING SERVICE CALL OUT	ALL	\$ 0				
POWER PRODUCTION TANKS						
STANTON ENERGY CENTER TANKS						
LINE ITEMS I(a) - I(d) SHOULD BE ONE (1) SINGLE MOB/DEMOB						
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
THE 525,000 GALLON POTABLE WATER STORAGE TANK	I(a)	\$ 0	\$ N/A	\$ N/A	\$ 3,380.00	
THE 147,530 GALLON UNDERGROUND CLEARWELL	I(b)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 500,000 GALLON (APPROXIMATE) SERVICE WATER STORAGE TANK	I(c)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 500,000 GALLON (APPROXIMATE) DEMINERALIZED WATER TANK	I(d)	DOLLAR VALUE INCLUDED IN LINE ITEM I(a)	\$ N/A	\$ N/A	\$ 3,380.00	
STANTON ENERGY CENTER TANKS SUBTOTAL COST		\$	\$	\$	\$ 20,280.00	
INDIAN RIVER PLANT TANKS						
LINE ITEMS II(b) - II(f) SHOULD BE ONE (1) SINGLE MOB/DEMOB						
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
THE 160,000 GALLON CONDENSATE STORAGE TANK	II(b)	\$ 0	\$ N/A	\$ N/A	\$ 3,380.00	
THE 160,000 GALLON SOUTH DI STORAGE TANK	II(c)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 280,000 GALLON POTABLE WATER STORAGE TANK	II(d)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 280,000 GALLON RAW WATER STORAGE TANK	II(e)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ N/A	\$ N/A	\$ 3,380.00	
THE 400,000 GALLON NORTH DI STORAGE TANK	II(f)	DOLLAR VALUE INCLUDED IN LINE ITEM II(b)	\$ N/A	\$ N/A	\$ 3,380.00	
INDIAN RIVER PLANT TANKS SUBTOTAL COST		\$	\$	\$	\$ 16,900.00	
WATER PRODUCTION TANKS						
LINE ITEMS VI(a) - VI(b) SHOULD BE ONE (1) SINGLE MOB/DEMOB						
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 1	VI(a)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
PINE HILLS, 2 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK NO. 2	VI(b)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(a)	\$ N/A	\$ N/A	\$ 3,890.00	
SKY LAKE, 3 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(c)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
LINE ITEMS VI(d) - VI(e) SHOULD BE ONE (1) SINGLE MOB/DEMOB						
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(d)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
SOUTHWEST 3 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(e)	DOLLAR VALUE INCLUDED IN LINE ITEM VI(d)	\$ N/A	\$ N/A	\$ 3,890.00	
LINE ITEMS VI(f) - VI(g) SHOULD BE ONE (1) SINGLE MOB/DEMOB						
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
CONWAY 3.5 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 1	VI(f)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
CONWAY 2 MILLION GALLON CONCRETE WATER STORAGE TANK NO. 2	VI(g)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
NAVY, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(h)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
LAKE HIGHLAND, 5 MILLION GALLON CONCRETE WATER STORAGE TANK, TANK	VI(i)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
KIRKMAN, 2 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(j)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
SOUTHEAST, 1 MILLION GALLON CONCRETE WATER STORAGE TANK	VI(k)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
HIWASSEE, .5 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(l)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
METRO WEST, 3 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(m)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
DR. PHILLIPS, .75 MILLION GALLON ELEVATED STEEL WATER STORAGE TANK	VI(n)	\$ 0	\$ N/A	\$ N/A	\$ 3,890.00	
WATER PRODUCTION TANKS SUBTOTAL COST		\$	\$	\$	\$ 54,460.00	
CHILLED WATER TANK						
DESCRIPTION	SPEC ITEM	SINGLE MOB/DEMOB COST PER TANK	INSPECTION COST	CLEAN COST	LUMP SUM SINGLE MOB/DEMOB INSPECTION & CLEAN COST PER TANK	
CONSIST OF A 10 YEAR TANK INSPECTION AND SILT/SEDIMENT VACUUMING. THE SILT/SEDIMENT IS NOT REQUIRED TO BE FILTERED AND WILL BE DISCHARGED INTO THE SANITARY SEWER LOCATED NEXT TO THE TANK	XI	\$ 0	\$ 8,890.00	\$ 149,970.00	\$ 8,990.00	\$ 149,970.00 Inspection Only Scope of Work Attached \$149,970.00 Closed Loop System for Sediment Removal
CHILLED WATER TANK SUBTOTAL COST		\$	\$ 8,890.00	\$ 149,970.00	\$	\$
GRAND TOTAL COST MOB/DEMOB, INSPECTION, & CLEANING		\$	\$	\$	\$	\$100,630.00 w/ Inspect Only of Chilled Tank \$250,600.00 w/ Cleaning of Chilled Tank

Pricing Clarifications:

(1) Is the price firm for the duration of the contract term?
 Yes No

(2) Does your firm utilize robots for any part of the inspections?
 Yes No

(3) Can your firm perform the work within the times specified for each tank?
 Yes No
 If no, please specify when your firm could complete the work for the tanks.

(4) Does your firm video the inspections or photograph only?
 Video Inspection Photograph Inspection
 Both Other

(5) Does your firm offer any discounted payment terms for early payment?
 Yes No
 If yes, please specify the discounted payment term offered by your firm.

*Should Lockheed/OUC not require a closed loop system, this price is subject to significant reduction.

*This price is based on Orlando Utilities Commission providing Engineering Stamps on inspection reports, as indicated in the Q & A (Addendum No.2 - 2.) of this bid.

*Should Orlando Utilities Commission require us to provide Engineering Stamps, a \$250.00 fee will be added to each structure.