

| Date received:            |
|---------------------------|
| Date acted on:            |
| Approved for List: Yes No |

# APPLICATION TO PROVIDE RESIDENTIAL SEPTIC SYSTEM REPAIR SERVICES RFQ # 2021-RSSRS-01

# **Clackamas Soil and Water Conservation District (CSWCD)**

| Reply to all questions. If you have problems contact the District office. 503-210-6000             |                                |            |  |  |
|----------------------------------------------------------------------------------------------------|--------------------------------|------------|--|--|
| Name of company:                                                                                   | # of employees                 | <b>S</b> : |  |  |
| Name of parent company, if applicable:                                                             |                                |            |  |  |
| Name of owner/manager:                                                                             |                                |            |  |  |
| Name of contact person for List of Prequalified Co                                                 | ntractors:                     |            |  |  |
| Email address:                                                                                     | Preferred phon                 | e:         |  |  |
| Mailing address:                                                                                   | Alternate phone                | e:         |  |  |
| Company website:                                                                                   | ,                              |            |  |  |
| Business license # and type:                                                                       | Expiration date                | :          |  |  |
| Oregon DEQ certificate/license numbers and type (List each employee on a separate line if applicab |                                | :          |  |  |
| System for Award Management (SAM) registration Is your company currently registered in SAM?        | n: Expiration date  ☐ Yes ☐ No | :          |  |  |
| Are you willing to register and keep the registration. What is the company name as listed in SAM?  | n current? □ Yes □ No          |            |  |  |
| DUNS number: CAG                                                                                   | E code:                        |            |  |  |

| CAPACITY. Describe your company's capacity to respond to homeowner manner. All work under this RFQ will be conducted in Clackamas County. West Linn, Oregon City, Gladstone, Happy Valley, Damascus, Estacada, S Canby, as well as rural home sites in other areas of the County. | Locations may include |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|                                                                                                                                                                                                                                                                                   |                       |
| EXPERIENCE. Describe your company's experience inspecting/evaluating systems; installing, replacing, and repairing existing residential septic system operations and maintenance. Also fill out the table below, as applicable.                                                   |                       |
| EXPERIENCE DOING PARTICULAR WORK TASKS:                                                                                                                                                                                                                                           | Years of experience:  |
| Inspect/evaluate residential septic systems                                                                                                                                                                                                                                       |                       |
| Repair/replace residential septic systems                                                                                                                                                                                                                                         |                       |
| (Alternative Treatment Technologies) ATT system                                                                                                                                                                                                                                   |                       |
| Conventional Sand Filter system                                                                                                                                                                                                                                                   |                       |
| Pressure Distribution system                                                                                                                                                                                                                                                      |                       |
| Standard Subsurface system                                                                                                                                                                                                                                                        |                       |
| Replacement of Septic Tank                                                                                                                                                                                                                                                        |                       |
| Capping Fill                                                                                                                                                                                                                                                                      |                       |
| Drainfield Construction                                                                                                                                                                                                                                                           |                       |

| Operation and mainte                                                                                                                                                                                                                                                                                                                              | enance of r                                                                       | esiden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tial septic s                                                  | systems                                                                         |                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Our company's exp</li> </ul>                                                                                                                                                                                                                                                                                                             | erience per                                                                       | foming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O&M                                                            |                                                                                 |                                                                                                                             |
| <ul> <li>Our company usual</li> </ul>                                                                                                                                                                                                                                                                                                             | ly calls in a                                                                     | n O&M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | provider ins                                                   | stead                                                                           | □ Yes □ No                                                                                                                  |
| REFERENCES. Provide                                                                                                                                                                                                                                                                                                                               | 4-6 referen                                                                       | ices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                |                                                                                 |                                                                                                                             |
| Client or homeowner name  Client or homeowner name  RI = Repai  OM = Ops                                                                                                                                                                                                                                                                          |                                                                                   | ct/Eval<br>r/Install                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date of job                                                    | Contact person                                                                  | Phone and/or email                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| INSURANCE COVERAGE.  List your insurance company, insurance Attach insurance certificates if possible attach insurance company. |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Worker's comp:                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Commercial General Li                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Dollar limit per occurrence (bodily                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| injury + property damage):  Dollar limit in the aggregate                                                                                                                                                                                                                                                                                         | e (bodily                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| injury + property damage):                                                                                                                                                                                                                                                                                                                        | , ,                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Automobile Liability:                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Dollar limit for each accider                                                                                                                                                                                                                                                                                                                     | nt (bodily                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| injury + property damage):                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Dollar limit in the aggregate injury + property damage):                                                                                                                                                                                                                                                                                          | e (bodily                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Other insurance you ca                                                                                                                                                                                                                                                                                                                            | arry, if                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| Type of coverage, and dollar                                                                                                                                                                                                                                                                                                                      | ar limits:                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                 |                                                                                                                             |
| \$1,000,000 for each the aggregate.  • Automobile Liability each accident for Bo owned vehicles, as a                                                                                                                                                                                                                                             | Prequalified ments:  I Liability instance occurrence wordily Injury a applicable. | urance version for Bodinith a connuction of the Bodinith a connuction of t | with a combir<br>ly Injury and<br>nbined single<br>erty Damage | Yes □ No  ned single limit, or the Property Damage and  limit, or the equivaler | equivalent, of not less than<br>I not less than \$1,500,000 in<br>at, of not less than \$500,000<br>or owned, hired or non- |
| ASSUME RESPONSIBIL your company's performa Residential Septic System                                                                                                                                                                                                                                                                              | nce for wor                                                                       | k you p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | erform for p                                                   | roperty owners part                                                             |                                                                                                                             |

| Signatures:                               |          |   |
|-------------------------------------------|----------|---|
| Signature of authorized representative    | <br>Date | _ |
| Name & title of authorized representative |          |   |

Applications must be received (or postmarked) by Monday, May 10, 2021 at 4:00 pm.

You may submit your materials by email or on paper. The Application must be signed.

### Direct any questions to:

Eann Rains Clackamas SWCD 22055 S. Beavercreek Rd., Suite 1 Beavercreek, OR 97004

Email: <a href="mailto:erains@conservationdistrict.org">erains@conservationdistrict.org</a>

Cell phone: 503-998-1752

General CSWCD phone number: 503-210-6000

#### Application Forms and attachments submitted by email:

To: <a href="mailto:erains@conservationdistrict.org">erains@conservationdistrict.org</a> Subject: RFQ #2021-RSSRS-01

#### Application Forms and attachments submitted on paper must be in a sealed envelope:

Attn: Eann Rains RFQ #2021-RSSRS-01 Clackamas SWCD 22055 S. Beavercreek Rd., Suite 1 Beavercreek, OR 97004

## Application Forms hand-delivered to the CSWCD business office must be in a sealed envelope:

Monday-Friday between the hours of 8:30 am and 4:00 pm.

The office is closed to the public, open by appointment only.

Call the CSWCD office at 503-210-6000 to confirm that a staff person will be present to accept your Application.

Press the "call" button on the post as you approach the gate. A staff person will come to your vehicle to accept the envelope.