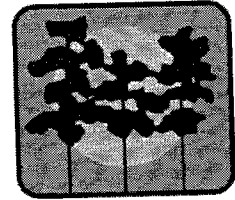


THE VILLAGE OF  
WELLINGTON



**ADVERTISEMENT/INVITATION TO BID**

The Wellington Council is accepting sealed bids for **ITB 017-15/DZ – Wellfield Rehabilitation and Maintenance**.

All Bids must be received, one (1) original and one (1) PDF Copy (CD or flash drive) at the address below in the Clerk's Office, no later than **November 12, 2015 at 2:00pm Local Time**, at which time all Bids will be publicly opened and read. Receipt of a response by any Wellington Office, Receptionist, or personnel other than the Clerk's Office does not constitute "receipt" as required by this solicitation. The Clerk's Office time stamp shall be conclusive as to the timeliness of receipt.

The Owner for the Project is Wellington, Florida, ("Owner").

Bid Documents may be downloaded online at [www.demandstar.com](http://www.demandstar.com) or [www.wellingtonfl.gov](http://www.wellingtonfl.gov) starting on **October 14, 2015**.

**A mandatory pre-bid meeting to be held on October 22, 2015 at 2:00pm Local Time at Wellington's City Hall located at 12300 Forest Hill Boulevard, Wellington, FL 33414.** Representatives of the Owner or Engineer will be present to discuss the project. No bid shall be received from any Bidder who does not attend the meeting. Representatives for bidder shall be an owner, officer, project manager, project superintendent or other responsible employee of the company.

No bid may be withdrawn for a period of 120 days after the posting of the recommended award or as otherwise provided in Instructions to Bidders.

All Bids shall be sealed when submitted and be delivered or mailed to:

**Wellington  
Clerk's Office  
12300 Forest Hill Boulevard  
Wellington, FL 33414**

**ENVELOPE MUST BE IDENTIFIED AS SEALED BID # ITB 017-15/DZ**

The Owner reserves the right to accept or reject any or all Bids (in whole or in part) with or without cause, to waive technicalities, irregularities or informalities, or to accept bids which in its judgment best serve the Owner.

Any and all questions regarding this solicitation shall be directed to the Wellington Purchasing Division: **Attn: Danielle Zembruski, 12300 Forest Hill Boulevard, Wellington, Florida 33414: Ph 561-791-4107 or email: [dzembruski@wellingtonfl.gov](mailto:dzembruski@wellingtonfl.gov).**

Palm Beach Post Advertisement:  
**October 14, 2015**



# BID ACKNOWLEDGEMENT COVER PAGE

**SUBMIT BIDS TO:**  
Wellington  
Attn: Clerk's Office  
12300 Forest Hill Blvd  
Wellington, FL 33414

**REFER ALL INQUIRIES TO PRIMARY CONTACT:**  
Purchasing Division  
12300 Forest Hill Blvd  
Wellington, FL 33414  
Ph: (561) 791-4107 Fax: (561) 904-5817

## Wellington INVITATION TO BID

**BID TITLE:**  
Wellfield Rehabilitation and Maintenance Contract

**BID NO:**  
017-15/DZ

**NAME OF FIRM, ENTITY, or ORGANIZATION:**

All Webbbs Enterprises Inc

**NAME OF CONTACT PERSON**

David Webb

**VENDOR MAILING ADDRESS:**

389 Commerce Way

**CITY:**

Jupiter

**ZIP:**

FL

**STATE:**

33408

**TITLE**

President

**VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):**

**CITY:**

**ZIP:**

**STATE:**

**PHONE NUMBER:**

561 746 2079

**FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):**

59-2418764

**EMAIL ADDRESS:**

allwebbbs@allwebbbs.com

**STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)**

2040

**FAX NUMBER:**

561 746 4199

**ORGANIZATIONAL STRUCTURE (Please Check One):**

Corporation ☒

Partnership ☐

PROPRIETORSHIP ☐

Joint Venture ☐

Other ☐

*If Corporation, please provide the following:*

(A)

Country of Incorporation: FL

Date of Incorporation:

1983

(B) State or

Month / Day / Year

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all terms and conditions of this bid and certify that I am authorized to sign this bid for the bidder and that the bidder is in compliance with all requirements of the Invitation to Bid, including but not limited to, certification requirements.

David Webb

1 David Webb Jr

1 Vice President

**AUTHORIZED SIGNATURE (MANUAL)**

**AUTHORIZED SIGNATURE (PRINT OR TYPED)**

**TITLE (PRINT OR TYPED)**



## **TRAFFIC CONTROL & MAINTENANCE**

1. The Maintenance of Traffic Plan and all traffic warning and control devices shall conform to the applicable provisions of the latest editions of the national "Manual On Uniform Traffic Control Devices" (MUTCD), and the 600 series of the Florida Department of Transportation's "Roadway and Traffic Design Standards". The MOT Plan shall be prepared by a Florida MOT Certified Technician if FDOT standard details are used. If FDOT standard details are not used, a Professional Engineer licensed in Florida shall prepare the MOT Plan. MOT Plans shall be submitted to appropriate agencies for approval.
2. There will be no separate payment for the fee for Engineering Services, if required.
3. The CONTRACTOR, at all times, shall conduct the work in such a manner as to insure the least obstruction to traffic as is practical. The safety and convenience of the general public and of the businesses adjacent to the work shall be provided for in a satisfactory manner, as determined by the ENGINEER, and/or Wellington.
4. Streets shall not be closed, except in accordance with the approved MOT plan, and whenever the street is not closed, the work must be conducted with the provision for a safe passageway for vehicular and pedestrian traffic at all times. The CONTRACTOR shall make all necessary arrangements with Wellington and ENGINEER concerning maintenance of traffic and selection of detours required.
5. As applicable, The CONTRACTOR shall submit to ENGINEER for submittal to Wellington, for review and approval, a Conceptual Traffic Control Plan at the Pework Conference, identifying the phases of construction that the CONTRACTOR plans to proceed with and identifying traffic flows during each phase. When the conceptual Traffic Control Plan has been approved, the CONTRACTOR shall prepare and submit for review to ENGINEER for submittal to Wellington, a detailed Traffic Control Plan for each phase of the work, indicating the proposed location of construction signs, channelizing devices, temporary pavement markings and symbols, lighting devices, barrier walls, modifications to traffic signals and all other required devices as applicable. The detailed plan shall be reviewed by Wellington and other governmental agencies having jurisdiction with all comments forwarded to the CONTRACTOR. No work within the public right-of-way shall commence until the detailed M.O.T. plan has been approved in writing by all governmental agencies having jurisdiction. Upon the start of construction, the CONTRACTOR shall comply with all provisions of the detailed Maintenance of Traffic Plan. In the event of non-compliance by the CONTRACTOR, Wellington will have the authority to order the CONTRACTOR to cease construction operations without compensation of time or money until the violations have been corrected.



## BID PROPOSAL CHECKLIST

**Please submit your proposal in this order**

- YES ☒ NO ☐ 1. Bid submittal – one (1) original and one (1) PDF (CD or flash drive) Copy
- YES ☒ NO ☐ 2. Bid Form signed by authorized representative
- YES ☒ NO ☐ 3. Acknowledgment of addendums
- YES ☒ NO ☐ 5. Schedule of Value
- YES ☒ NO ☐ 6. Schedule of Subcontractor/Supplies
- YES ☒ NO ☐ 7. Schedule of Equipment and Materials
- YES ☒ NO ☐ 8. Sworn Statement under Section 287.133(3) (a)
- YES ☒ NO ☐ 9. Drug Free Workplace
- YES ☒ NO ☐ 10. Trench Safety Affidavit
- YES ☒ NO ☐ 11. Questionnaire
- YES ☒ NO ☐ 12. References per Section 01001 – General Requirements
- YES ☒ NO ☐ 13. Insurance Certificates
- YES ☒ NO ☐ 14. Copy of Appropriate Licenses (Business, Aqua Freed and SFWMD Florida Well Contractor)
- YES ☒ NO ☐ 15. Proof of Workers Compensation Insurance/Workers Compensation Exemption Affidavit
- YES ☒ NO ☐ 16. Local Preference Affidavit
- YES ☒ NO ☐ 17. Conflict of Interest Statement
- YES ☒ NO ☐ 18. Non-Collusion Affidavit
- YES ☒ NO ☐ 19. Provide all documentation/evidence required by Section 01001 – General Requirements



## BID FORM

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

PROJECT: **Wellfield Rehabilitation and Maintenance**

Date: 11/11/15

BIDDER: All Webb's Enterprises Inc

THIS BID IS SUBMITTED TO:

Wellington  
Clerk's Office  
12300 Forest Hill Boulevard  
Wellington, FL 33414

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER in the form included in the Contract Documents to perform and furnish all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the other terms and conditions of the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 120 days after the posting of the recommended award. BIDDER will sign and submit the Agreement and other documents required by the Bidding Requirements within 15 days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:

(a) BIDDER has examined copies of all the Bidding Documents and of the following Addenda (receipt of all which is hereby acknowledged):

Date 11/10  
Date \_\_\_\_\_  
Date \_\_\_\_\_

Addenda Number 1  
Addenda Number \_\_\_\_\_  
Addenda Number \_\_\_\_\_

(b) BIDDER has familiarized itself with the nature and extent of the Contract Documents, Work, Site, locality, and all local conditions, Laws, and Regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.

(c) BIDDER has studied carefully all reports and drawings of subsurface conditions and drawings of physical conditions which, if any, are attached to the Contract Documents, as provided in Paragraph 4.02 of the General Conditions, and accepts the determination as set forth in the Bidding Documents of the extent of the technical data contained in such reports and drawings upon which BIDDER is entitled to rely.

(d) BIDDER has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all such examinations, investigations, explorations, tests and studies (in addition to or to supplement those referred to in (c) above) which pertain to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance or furnishing of the Work as BIDDER considers necessary for the performance or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, including specifically the provisions of Paragraph 4.02 of the General Conditions; and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by BIDDER for such purposes.

(e) BIDDER has reviewed and checked all information and data shown or indicated on the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data in respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, including specifically the provisions of Paragraph 4.04 of the General Conditions.



(f) BIDDER has correlated the results of all such observations, examinations, investigations, explorations, tests, reports, and studies with the terms and conditions of the Contract Documents.

(g) BIDDER has given OWNER written notice of all conflicts, errors or discrepancies that it has discovered in the Contract Documents and the written resolution thereof by ENGINEER is acceptable to BIDDER.

(h) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

4. BIDDER agrees to perform all the Work described in Contract Documents, subject to adjustments as provided therein, for the Prices BIDDER provides on the Schedule of Values.
5. BIDDER declares it understands that the unit quantities shown on the Bid Form Unit Price Schedule are approximate only and not guaranteed and are subject to either increase or decrease; and that should the quantities of any of the items of Work be increased, the BIDDER agrees to do the additional Work at the unit prices set out herein, and should the quantities be decreased, BIDDER also understands that final payment shall be made on actual quantities completed at the unit prices, and shall make no claims for anticipated profits for any decrease in the quantities.
6. The BIDDER further declares its understands the OWNER may elect to construct only a portion of the Work covered by these Documents and BIDDER agrees to perform that portion of the Work for which BIDDER is awarded a Contract at the unit prices quoted herein.
7. BIDDER agrees that the Work:

Wellfield Rehabilitation and Maintenance work will be shall be completed within the timeframe specified under Section 01010-Summary of Work (Exhibit "A" - CDO Contract Time Guidelines).

BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work on time.

8. The following documents are attached to and made a condition of this Bid:

- (a) Schedule of Values.
- (b) List other documents as pertinent.

9. Communications concerning this Bid shall be telephoned or addressed to:

Name: Al Webb DAVID WEBB  
Address: 309 Commerce Way Jupiter FL 33458  
Phone No.: 561 746 2079 Fax: 561 746 4199

10. The terms used in this Bid which are defined in the General Conditions of the Construction Contract included as part of the Contract Documents have the meanings assigned to them in the General Conditions.
11. BIDDER'S Florida Contractor's License No. 2040
12. BIDDER covenants that it is qualified to do business in the State of Florida and has attached evidence of BIDDER'S qualification to do business in the State of Florida, or if not attached, BIDDER covenants to obtain such evidence within five days of request by OWNER to provide evidence.

If BIDDER is

An Individual



Name \_\_\_\_\_ (SEAL)

Signature: \_\_\_\_\_

Doing business as \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Partnership

Firm's Name \_\_\_\_\_ (SEAL)

General Partner Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Corporation

Corporation's Name All Webb's Enterprises Inc (SEAL)

State of Incorporation FL

Authorized Person: David Webb Jr

Title: Vice President

Signature: [Signature]

Attest: Deborah Webb (sec) (Secretary)

Signature: Deborah Webb

Business Address: 309 Commerce Way Jupiter FL

33458

Phone Number: 561 746 2079

Fax Number 561 746 4189



## SCHEDULE OF VALUES

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

ITEM	TASK DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Traffic Control	1	Ea.	50	50
2	Biological Activity Reaction Test (BART'S)	24	Ea.	150	3600
3	Specific Capacity Test before or after rehabilitation	24	Ea.	300	7200
4	Wire to Water pump efficiency test	12	Ea.	30	360
5	Step Drawdown Test	12	Ea.	2500	30,000
6	Extra Sand Testing not during well development or pump testing	2	Ea.	150	300
7	Silt density index test (passing only, SDI Test less than 3)	3	Ea.	150	450
8	Remove & Reinstall Fencing to original condition	2	Ea.	25	50
9	Remove Surficial Wellhead, column pip, and well pump with motor and accessories	24	Ea.	1500	36,000
10	Reinstall Surficial Wellhead column pip, and well pump with motor and accessories	24	Ea.	1500	36,000
11	360 Degree Color Video with triplicate DVDs including contractor pump	12	Ea.	1500	18000
12	Pump Motor Retrieval	2	Ea.	120	240
13	Chemical Treatment - Acid Descaler 55 gal.	12	Ea.	6500	78000
13A	Additional Chemical Treatment - Acid Descaler 55 gal.	6	Ea.	1800	10800
14	Chemical Treatment - Chlorine	12	Ea.	1850	22,200
15	Acidize Well - 1,000 gal. 15% HCL	6	Ea.	8000	48000
16	CO2 Injection - (3-4 tons)	2	Ea.	12,500	25000
17	Clean Casing & Screen	12	Ea.	900	10800
18	Brushing, Swabbing & Jetting - Well Development	12	Ea.	900 <del>200</del> Dwy	10800 <del>19200</del> Dwy
19	Drill Rig w/ Crew	96	Hour	200	19200
20	Two Man Crew w/ Crane	432	Hour	100	43200
21	Each Additional Crew Member	40	Hour	25	1000
22	Parts Supplies by Contractor without Contractor's markup	1	Lump	\$10,000.00	\$10,000.00
22A	Contractor's markup on parts under bid item 22	10,000		0.25	2500
23	Well Abandonment	1	Ea.	3500	3500
24	Neat Cement for Well Abandonment	16	CY	300	4800
25	Mud Well, Remove Exist. Inner Casing/Screen, Riser & Gravel Pack	2	Ea.	14,000	28000 <del>14,000</del> Dwy
26	Furnish 12" Diameter 316L SS Well Screen - 30 to 100 Slot	40	Ft.	300	12000



ITEM	TASK DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	TOTAL PRICE
27	Furnish 12" Dia. Certalok Riser	200	Ft.	50	10 000
28	Install Well Screen & Riser	2	Ea.	7000	14 000
29	Furnish & Install Gravel Pack	280	CF	23	6 440
30	Well Development Pump - 2,000 to 3,000 gpm	144	Hour	200	28 800
31	Well Development & Redevelopment - Airlift 600 to 750 CFM	144	Hour	200	28 800
32	Disposal of Development Water	12	Ea.	250	3 000
33	Disposal of Development Solids	12	Ea.	150	1 800
34	Furnish & Install 1" PVC Stilling Well - 60' to 80'	2	Ea.	300	600
35	Furnish & Install 2 new SS Safety Cables - 60' to 80'	2	Ea.	170	340
36	On Site Welding	40	Hour	50	2 000
37	Machine Shop Welding	40	Hour	40	1 600
38	Disassembly & Inspection of Pump	2	Ea.	200	400
39	Pump Maintenance	40	Hour	75	3 000
40	Trim Impeller	2	ea.	25	50
41	Motor Maintenance	40	Hour	75	3 000
42	Disinfect Well - Health Dept. Clearance	24	Ea.	<del>750</del> 750	18 000
43	BACT Health Dept. Clearance	48	Ea.	100	4 800
TOTAL					\$ 598,680 <sup>00</sup>

**BIDDER/CONTRACTOR** understands and agrees that this is Unit Price Contract and that contractor will be paid based upon items and quantities actually performed and accepted by Owner. The Schedule of Values is provided for the purpose of Bid Evaluation and when initiated by Wellington, the pricing of change orders. Contractor's price will not be adjusted to reflect any deviation from the Schedule of Values, except to the extent that Wellington changes the scope of Project after the Contract Date.

Quantities listed on the Schedule of Values are estimates only and are not to be construed as guaranteed work quantities. Bids will be evaluated based upon the total contract price. Balance of pricing shall be considered by OWNER in determining lowest, responsive, responsible bidder. CONTRACTORS/BIDDERS shall submit balanced bids.



## SCHEDULE OF SUBCONTRACTORS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

<u>Discipline</u>	<u>Subcontractor</u>	<u>Address City, ST, Zip</u>	<u>License Number</u>
Aquafired	Utility Service Group	Not see attached experience	

*Address of Subcontractor may be considered in accordance with Wellington's Local Preference Policy*



## SCHEDULE OF EQUIPMENT AND MATERIALS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

[illegible]



## **SALES TAX RECOVERY PROGRAM SPECIAL CONDITIONS FOR OWNER FURNISHED MATERIALS AND EQUIPMENT**

During the course of this Project, Wellington (hereinafter referred to as "Owner") may issue a Change Order or Change Orders to delete from the contract certain items that the Owner desires to purchase directly and furnish to Contractor for use in the Project. Contractor agrees that if Owner desires to issue such Change Order(s), Contractor will assist the Owner in identifying appropriate materials and equipment to be included in the Change Order(s), will execute such Change Order(s) and will participate in this tax savings program at no additional cost to the Owner. Furthermore, Contractor agrees to abide by and comply with the following Special Conditions.

1. **Sales and Use Taxes.** The Owner is exempt from paying sales and use taxes on materials and equipment purchased for, and incorporated into the **Wellfield Rehabilitation and Maintenance, Bid No. 017-15/DZ**, (hereinafter the "Project"). The Owner shall make direct purchases of all materials and equipment purchased for, or to be incorporated into the Project, as agreed to by the Contractor and agreed upon by the Owner in the form of a Change Order. All direct purchases of materials and equipment shall be made by the Owner with funds specifically allocated for the construction of the Project. Material suppliers shall be competitively bid by the Contractor and its subcontractors. The Contractor shall include the price for all construction materials in its bid. The Contractor shall provide the Owner a list of all intended suppliers, vendors, etc. for consideration as Owner Purchased Materials. This list shall be submitted at the same time as the preliminary schedule of values in accordance with 2.05 of the General Conditions. The Contractor shall submit price quotes from the vendors, as well as a description of the materials to be supplied, estimated quantities and prices and as provided below. The Contractor shall notify the Owner no later than **10 calendar days** after request by Owner of the requested materials and equipment to be purchased by the Owner for the Project. The standard Owner Terms and Conditions applicable to this program are included as Attachment A to this section. Each equipment supplier of equipment to be provided under the Sales Tax Recovery Program shall be obligated to meet the requirements of the Owner of Wellington Terms and Conditions and the Project Technical Specifications.
  - 1.1 The Contractor shall: (a) compile Contractor's and any Subcontractors' itemized requirement for materials and equipment, including quantities, unit costs, manufacturers' or vendors' catalogue or order numbers, delivery instructions, and other specific terms and information that are required to order the specific materials and equipment, and terms and conditions to be imposed on suppliers regarding delivery and submittal time requirements, and quantities thereof required by Contractor or Subcontractors in accordance with the applicable requirements of the Construction Contract, from time to time, during the construction of the Project, as materials and equipment need to be ordered for the Project, and submit such compilation to the Owner; (b) prepare a requisition for such materials and equipment on the Owner's form of requisition; and (c) deliver any such requisition to the Owner no less than thirty (30) days prior to the date the manufacturer or vendor of the materials or equipment, as the case may be, requires orders for such materials or equipment to be placed to assure delivery of such materials or equipment to the Site in accordance with the Project Schedule (the "Order Date"). The requisition shall identify the Order Date. The Owner shall issue a Purchase Order directly to the vendor of the materials or equipment, prior to the Order Date (a Purchase Order). The Owner shall include with any such Purchase Order, a copy of the Owner's sales and use tax exemption certificate and a copy of the Owner's Certificate of Entitlement required under F.A.C. Rule 12A-1.094(4)(c). The Owner shall make direct payment to the vendor from the Owner's account.
  - 1.2 The Contractor, upon the delivery of any such materials or equipment, shall verify the conformity of such materials or equipment with the terms of the Purchase Order and the Contract Documents. If the Contractor determines that the materials and equipment are conforming, the Owner shall take title and possession of such material and equipment before such materials and equipment are incorporated into the Project. If the Contractor determines that the materials and equipment are non-conforming, the Contractor shall immediately notify the Owner in writing and the Owner shall reject such material and equipment.
  - 1.3 The Owner shall assume all risk of loss on all materials and equipment purchased pursuant to its sales and use tax exemption, subject to the provisions of section 1.10 below. The Owner shall maintain Builder's Risk Insurance for the full insurable value for all materials and equipment purchased as a result of the Owner Sales Tax Recovery Program herein. This coverage shall be in addition to all other coverage required in Section 1.11 below or as otherwise provided in these Contract Documents.



# SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to The Village of Wellington  
by David Webb Vice President [print name of the public entity]  
for All Webb's Caterprises Inc  
[print individual's name and title]  
[print name of entity submitting sworn statement]

whose business address is 309 Commerce Way Jupiter FL  
33458

and (if applicable) its Federal Employer Identification Number (FEIN) is 592418764

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means 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 or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means 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 jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person 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. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of \_\_\_\_\_ an \_\_\_\_\_ entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.



\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

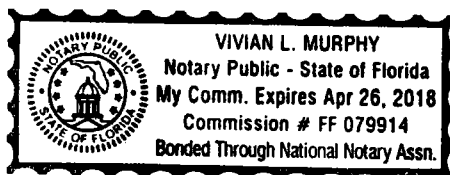
*David Webb, Jr.*  
[signature]  
11/11/15  
[date]

STATE OF FL  
COUNTY OF Palm Beach

Subscribed and Sworn to (or affirmed) before me on Nov 12, 2015 by  
David Webb, Jr. [name] He/she is personally known to me or has presented  
[type of identification] as identification.

*Vivian L. Murphy*  
[Notary's Signature and Seal]  
Form PUR 7068 (Rev. 04/10/91)  
M/R 03/06/92

Vivian L. Murphy FF079914  
Print Notary Name and Commission No.





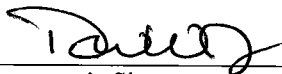
## DRUG FREE WORKPLACE

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Preference may be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by the Owner for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program may be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
Contractor's Signature



# TRENCH SAFETY AFFIDAVIT

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

All Webb Enterprises (NAME OF FIRM) hereby provides written assurance that compliance with applicable Trench Safety Standards identified in the Occupational Safety and Health Administration's Excavation Safety Standards, (OSHA) 29 C.F.R.S. 1926.650 Subpart P will be adhered to during trench excavation in accordance with Florida Statutes 553.60 through 553.64 inclusive (1990), "Trench Safety Act".

The undersigned acknowledges that included in the various items of the proposal and in the Total Proposal Price are costs for complying with the Florida "Trench Safety Act" as summarized below: (Attach additional sheets as necessary).

Schedule Item	Trench Safety Measure (Slope, Trench Shield, etc.)	Cost
	<i>Slope</i>	<i>1.00</i>
	Total	<i>1.00</i>

*David Webb* (Signature) *11/11/15* (Date)

STATE OF *FL*  
COUNTY OF *Palm Beach*

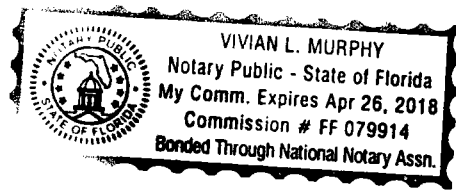
Subscribed and Sworn to (or affirmed) before me on *Nov 12, 2015* by

*David Webb, Jr*. He/she is personally known to me or has presented

\_\_\_\_\_ (type of i.d.) as identification.

*Vivian L. Murphy*  
Notary Public Signature and Seal

*Vivian L. Murphy FF079914*  
Print Notary Name and Commission No.





# QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in Envelope with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 37

2. What is the last project of this nature that you have completed?

City of Coral Springs

3. Have you ever failed to complete work awarded to you? If so, where and why?

No.

4. Name three individuals or corporations for which you have performed work and to which you refer:

See attached list.

Name	Email Address	Phone

Name	Email Address	Phone

Name	Email Address	Phone

5. List the following information concerning all contracts OR projects in progress and past as of the date of submission of this bid. (List any Federal, State, City or local municipalities/government contracts or project information if any relevant in scope with this solicitation).

**Information provided in (section 5) is for reference purposes and may be contacted for verification.**

Name of Term Contract OR Project	Owner	Contact (Person) Name & Title	Contact Email Address & Phone Number	Contact Business Address
see list.				

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance?

Yes.

7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Subcontractor	Work to be Performed



Aquafreed - USG	CO <sub>2</sub>
	.

8. What equipment do you own that is available for the work?  
See list
9. What equipment will you purchase for the proposed work?  
none.
10. What equipment will you rent for the proposed work?  
none.
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.  
Sam Mitchell

12. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do businesses under the trade name.

13. The correct name of the Bidder is All Webb's Enterprises Inc
14. The partnership is a ☐ Sole Proprietorship, ☐ Partnership, or ☒ Corporation or ☐ Other Type of Entity \_\_\_\_\_ (Fill In).
15. The address of principal place of business is  
309 Commerce Way  
Opalier Fz 83458

16. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows:

DAVID WEBB Pres. Deborah webb Sec  
David Webb Jr VPRES.

17. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers.

Webb's Well Drilling.

18. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

None.



19. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s).

None.

20. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

None.

21. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants.

None.

22. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.

No.

23. List and disclose any and all business relations with any members of Wellington Council.

None.



# AGREEMENT

THIS AGREEMENT is dated and will be effective on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, by and between the \_\_\_\_\_ Village of \_\_\_\_\_ Wellington, \_\_\_\_\_ (hereinafter called OWNER) and \_\_\_\_\_ (hereinafter called CONTRACTOR).

OWNER and CONTRACTOR, in consideration of the mutual covenants hereinafter set forth, agree as follows:

## ARTICLE 1 - WORK

CONTRACTOR shall complete all Work as specified or indicated in the Contract Documents. The Work is generally described as follows:

### Wellfield Rehabilitation and Maintenance

## ARTICLE 2 - ENGINEER

Engineering services during construction will be provided by Village of Wellington personnel. Wellington's designated in house representative shall serve as the ENGINEER who is hereinafter called ENGINEER and who is to act as OWNER's representative, shall assume all duties and responsibilities and have the rights and authority assigned to ENGINEER in the Contract Documents in connection with completion of the Work in accordance with the Contract Documents.

## ARTICLE 3 - CONTRACT TIMES

3.1 Work will be shall be completed within the timeframe specified under Section 01010-Summary of Work (Exhibit "A" - CDO Contract Time Guidelines). The OWNER shall issue a Notice to Proceed on each task.

3.2 LIQUIDATED DAMAGES. OWNER and CONTRACTOR recognize that time is of the essence of this Agreement and that OWNER will suffer financial loss if the Work is not completed within the times specified in paragraph 3.1 above, plus any extensions thereof allowed in accordance with Article 12 of the General Conditions. They also recognize the delays, expense and difficulties involved in proving in a legal or arbitration proceeding the actual loss suffered by OWNER if the Work is not completed on time. Accordingly, instead of requiring any such proof, OWNER and CONTRACTOR agree that as liquidated damages for delay (but not as a penalty) CONTRACTOR shall perform the services within the timeframe listed in Exhibit A – CDO Contract Times Guidelines. Liquidated Damages will be assessed in an amount equal to 10% per day of the amount listed on the Schedules of Values for each day that expires after the time specified in paragraph 3.1 for final completion and readiness for final payment until the Work is completed and ready for final payment.

3.3 No extension of time shall be granted for delays resulting from normal weather conditions prevailing in the area as defined by the average of the last five (5) years of weather recorded by the Owner.

## ARTICLE 4 - CONTRACT PRICE

4.1 OWNER shall pay CONTRACTOR for completion of the Work in accordance with the Contract Documents, subject to adjustment as provided therein, in current funds as follows:

The amount of \_\_\_\_\_ (\$ \_\_\_\_\_), which is based on the price(s) in the Schedule of Values.

## ARTICLE 5 - PAYMENT PROCEDURES

CONTRACTOR shall submit Applications for Payment in accordance with Article 14 of the General Conditions. Applications for Payment will be processed by ENGINEER as provided in the General Conditions.

5.1. PROGRESS PAYMENTS. OWNER shall make progress payments on account of the Contract Price on the basis of CONTRACTOR'S Applications for Payment as recommended by ENGINEER, on or about the **10<sup>th</sup>** day of each month during construction as provided below. All progress payments will be on the basis of the progress of the Work measured by the schedule of values established in Paragraph 2.07 of the General Conditions (and in the case of Unit Price Work based on the number of units completed).

5.1.1. Prior to successful completion of 50% of the work, progress payments will be made in an amount equal to the percentage indicated below, but, in each case, less the aggregate of payments previously made and less such amounts as ENGINEER shall determine, or OWNER may withhold, in accordance with Paragraph 14.02 of the General Conditions.



# WELLINGTON LOCAL PREFERENCE

## APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

### Chapter 9, LOCAL PREFERENCE

**Western Communities Local Business** - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

**Palm Beach County local business** - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

**Subcontractor utilization** - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☐ Western Communities Local Business

☒ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: All Webs Enterprises Inc
2. The address of the business is: 309 Commerce Way Jupiter FL 33458
3. How long has the business been located at its current address: 30



4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location: None

5. The previous name of the business is: Webbs Well Drilling

6. The previous address of the business is: 5

7. How long was this business at the previous location: 5 years

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☐ (2) the following municipality: Jupiter (3) located in unincorporated Palm Beach County: ☐

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 59-2418964 Applicants Business Address 309 Commercial Way  
Jupiter FL 33458



Signature of Authorized Representative of Corporation, Partnership, or other business entity:

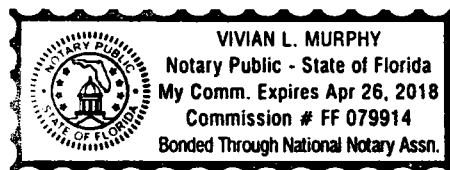
AW Webb Jr  
Print Name: David Webb Jr  
Title: Vice President  
Date: 11/11/15  
CITY OF: Jupiter  
COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 12 day of Nov, 2015, by  
David Webb, Jr.. He/She is personally known to me or has presented  
\_\_\_\_\_ as identification.

Vivian L. Murphy  
(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public FL  
(State)



Notary Seal

Signature of Individual if Sole Proprietor:

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
CITY OF: \_\_\_\_\_  
COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_, by  
\_\_\_\_\_. He/She is personally known to me or has presented  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public \_\_\_\_\_  
(State)

Notary Seal



## CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY.

☒ To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.

☒ To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.

☒ To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.

☒ To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.

☒ To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.

☐ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

All Webb's Enterprises Inc  
COMPANY NAME

[Signature]  
AUTHORIZED SIGNATURE

David Webb Jr  
NAME (PRINT OR TYPE)

Vice President  
TITLE



# NON-COLLUSION AFFIDAVIT

State of FL  
County of Palm Beach

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that such bid submittal is genuine and not collusive or sham, that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner, directly, or indirectly, sought by agreement of collusion or communication or conference with any person, to fix the price of affiant or any other bidder, or to fix any overhead, profit of cost element of said price, or that of any other bidder, or to secure any advantage against the authority, of any person interested in the proposed contract and that all statements in said bid is true.

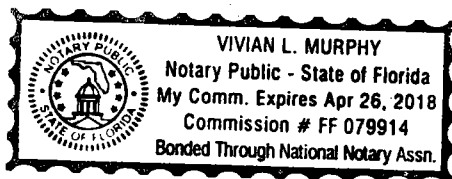
All Webb's Enterprises Inc  
Name of Bidder

DAVID WEBB JR  
Print name of designated signatory

[Signature]  
Signature

V.P.  
Title

On this 12 day of Nov, 2015, before me appeared David Webb Jr personally known to me to be the person described in and who executed this affidavit and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.  
In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.



(Affix Seal Here)

Vivian L. Murphy  
Signature

Notary Public in and for the State of FL

Vivian L. Murphy  
(Name Printed)

Residing at 309 Commercial Way, Jupiter, FL 33457

My commission expires 4/26/18



## SPECIFICATIONS

**BID # 017-15/DZ WELLFIELD REHABILITATION AND MAINTENANCE**

## PURPOSE AND INTENT

The sole purpose and intent of this Invitation for Bid is to obtain firm, fixed pricing for the rehabilitation of approximately eighteen (18) existing surficial aquifer wells including repair of submersible pumps and related appurtenances. Total offer shall include all necessary materials, labor, supervision, equipment, supplies, fees, expertise, and services to ensure project work completion.

## Bidder's Responsibility

This bid will be Unit Price. The Bidder agrees to furnish and pay for all materials necessary to complete all the work in accordance with all requirements of the contract documents and in accordance with all applicable codes and governing regulations, within the time limit specified. Bidder assumes all costs, delays and risks associated with all conditions or occurrences which cause or might cause an increase in Bidder's cost to complete the Work or which cause or might cause delays in Bidder's prosecution of the Work.

The first of these is the *Journal of the American Medical Association* (JAMA), which has been the most influential of the medical journals in the United States since its founding in 1883. It is a weekly publication, and its content is primarily focused on the latest research and clinical practice in the field of medicine. The journal is published by the American Medical Association, which is a professional organization of physicians in the United States.



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**LICENSE NUMBER**

CGC035886

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016



HAGGERTY, EUGENE  
ALL WEBBS ENTERPRISES INC  
7980 SOUTHEAST RIVER LANE  
STUART FL 34997



ISSUED: 06/09/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406090000937



**ANNE M. GANNON**  
CONSTITUTIONAL TAX COLLECTOR  
Serving Palm Beach County

Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353  
www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***

309 COMMERCE WAY  
JUPITER, FL 33458-5527

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0099 WATER WELL CONTRACTOR	WEBB DAVID	CGC035886	U15.735569 - 09/10/15	\$27.50	B40154490

This document is valid only when receipted by the Tax Collector's Office.

B3 - 496

ALL WEBBS ENTERPRISES INC  
ALL WEBBS ENTERPRISES INC  
309 COMMERCE WAY  
JUPITER, FL 33458-5527



**STATE OF FLORIDA  
PALM BEACH COUNTY  
2015/2016 LOCAL BUSINESS TAX RECEIPT**

**LBTR Number: 198233238**  
**EXPIRES: SEPTEMBER 30, 2016**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

**STATE OF FLORIDA  
WATER WELL CONTRACTOR LICENSE  
Issued to  
David W. Webb**

License No. 2040 Expires 7/31/2017

*David W. Webb*  
**DISTRICT CERTIFICATION OFFICER**







# *State of Florida*

## *Department of State*

I certify from the records of this office that ALL WEBBS ENTERPRISES, INC. is a corporation organized under the laws of the State of Florida, filed on August 11, 1983.

The document number of this corporation is G53896.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on March 19, 2015,, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Nineteenth day of March, 2015*



*Ken DeFries*  
**Secretary of State**

Tracking Number: CC1539444390

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

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2015

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

CBIZ Weekes & Callaway  
3945 West Atlantic Avenue  
Delray Beach, FL 33445-3902

CONTACT NAME: Jill Sayer

PHONE (A/C No. Ext): (561) 278-0448

FAX (A/C No.): (561) 278-2391

E-MAIL ADDRESS: jsayer@cbizwc.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Crum &amp; Forster Specialty

44520

INSURER B: Travelers Indemnity Co of Amer

25666

INSURER C: Phoenix Insurance Co

25623

INSURER D:

INSURER E:

INSURER F:

## INSURED

All Webb's Enterprises, Inc.  
309 Commerce Way  
Jupiter, FL 33458

## COVERAGES

CERTIFICATE NUMBER: CL15103007341

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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	Renewal of EPK105954	11/2/2015	11/2/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Pollution Liability						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> \$5,000 Per Claim Ded.						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	X	X	DT-810-1735P699-TIA-15	11/2/2015	11/2/2016	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						single limit \$
A	UMBRELLA LIAB						
	<input checked="" type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> OCCUR						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 0			Renewal of EFX101959	11/2/2015	11/2/2016	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
	Installation Floater			QT-660-1984P108-PHX-15	11/2/2015	11/2/2016	E.L. DISEASE - POLICY LIMIT \$
							\$500,000 Installation Floater
							\$1,000 Deductible

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

Re: 2014 Manac, VIN# 5MC125314E5138179

Comprehensive and Collision Deductible: \$1,000 each.

Florida statute requires 10 day notice of cancellation for non-payment of premium and 45 day notice for non-renewal.

## CERTIFICATE HOLDER

## CANCELLATION

Proof of Insurance

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

Rose McEwen, CIC/JDS

ACORD 25 (2010/05)

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INS025 (201005) 01

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2015

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).

<b>PRODUCER</b> CBIZ Weekes & Callaway 3945 West Atlantic Avenue Delray Beach, FL 33445-3902		<b>CONTACT NAME:</b> Jill Sayer <b>PHONE (A/C No. Ext):</b> (561) 278-0448 <b>E-MAIL ADDRESS:</b> jsayer@cbizwc.com <b>FAX (A/C No.):</b> (561) 278-2391	
<b>INSURED</b> All Webb's Enterprises, Inc. 309 Commerce Way Jupiter, FL 33458		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Crum & Forster Specialty <b>INSURER B:</b> Travelers Indemnity Co of Amer <b>INSURER C:</b> Phoenix Insurance Co <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 44520 25666 25623	

**COVERAGES**

CERTIFICATE NUMBER: CL15103007341

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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liability <input checked="" type="checkbox"/> \$5,000 Per Claim Ded. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	Renewal of EPK105954	11/2/2015	11/2/2016	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 \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	DT-810-1735P699-TIA-15	11/2/2015	11/2/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ single limit \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0 OCCUR CLAIMS-MADE			Renewal of EFX101959	11/2/2015	11/2/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			QT-660-1984P108-PHX-15	11/2/2015	11/2/2016	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>Installation Floater</b>						\$500,000 Installation Floater \$1,000 Deductible

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

Florida statute requires 10 day notice of cancellation for non-payment of premium and 45 day notice for non-renewal.

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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

Rose McEwen, CIC/JDS







## **Evidence of CO<sub>2</sub> Injection Experience**

AWE has contacted and will employ the services of Utility Service Group (USG) to perform CO<sub>2</sub> injection of wells. USG has over two (2) years of CO<sub>2</sub> injection experience and have successfully conducted CO<sub>2</sub> injection in over ten (10) wells. The attached information was down-loaded from the USG website and USG (as Subsurface Technologies, Inc.) was specifically recommended in the Bid solicitation.

Contact Information is provided below:

Ray Reece  
Utility Service Group  
Cell (916) 716-3633  
[rreece@utilityservice.com](mailto:rreece@utilityservice.com)  
[www.utilityservice.com](http://www.utilityservice.com)

Tom McDaniels  
Utility Service Group  
Subsurface Technologies, Inc.  
40 Stone Castle Road  
Rock Tavern, New York 12575  
Telephone: (386) 451-9452









December 4, 2014

To whom it may concern,

This letter will confirm that effective December 1, 2012, Utility Service Company of Atlanta Georgia is an authorized and licensed provider, of Aqua Freed® and Aqua Gard® technologies within the state of Florida and has been trained in the proper use of the technologies.

If you need further confirmation, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "CLC", written over a horizontal line.

Christopher L. Catania  
President

CLC/dc

40 Stone Castle Road, Rock Tavern, NY 12575 845.567.0187 Fax: 845.567.1035 <http://www.subsurfacetech.com>











## References-USG Asset Management-Aqua Freed

Dennis Smith  
Water Utility Manager  
City of Desoto, KS  
2 wells complete, 5 wells under contract

Tel: 913-238-4925

Mike Hutto  
Water Utility Manager  
City of Eudora, KS  
2 wells complete, 5 wells under contract

Tel: 785-542-3100

Don Koci, L.G.  
Superintendent of Water Treatment Systems  
City of Hutchinson  
1 well complete and under contract

Tel: 620-694-1765

Mitch D. Doht, P.E.  
Director of Public Works/City Engineer  
City of York, NE.  
7 wells complete, 7 wells under contract.

Tel: 402-363-2600







**Council**

Bob Margolis, Mayor  
John Greene, Vice Mayor  
Matt Willhite, Councilman  
Anne Gerwig, Councilwoman  
John T. McGovern, Councilman

**Manager**  
Paul Schofield

**ITB No. 017-15/DZ**

**Title:** Wellfield Rehabilitation and Maintenance

**Bid Opening Date:** November 12, 2015 at 2:00pm

**Addendum Date:** November 10, 2015

**ADDENDUM NO. ONE**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for Wellfield Rehabilitation and Maintenance. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. The Village of Wellington may award a contract to a primary and a secondary bidder.

**ACKNOWLEDGEMENT:** Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of  
Addendum No. (1) One to be attached in front of Bid









## BIDDER REFERENCES

Key  
 IW - Injection Well  
 MW - Monitoring Well  
 PW - Floridan Production Well  
 ASR - Aquifer Storage & Recovery  
 IND - Industrial Well  
 M&R - Maintenance and Rehabilitation

References provided below are for projects awarded to and implemented by All Webbs Enterprises, Inc.

More available upon request.

PROJECT ID NO.	CLIENT /ADDRESS/CONTACT	CONSULTANT	PROJECT TITLE AND DESCRIPTION (SEE KEY ABOVE)	APPROXIMATE VALUE	% COMPLETE AS OF 9/15/15	START DATE	END DATE
1	Palm Beach County 8100 Forest Hill Boulevard West Palm Beach, FL 33413 Joseph Tancredi, P.E. Ph: (561) 493-6088 Fax: (561) 493-6085	James Andersen JLA Geosciences, Inc. Jupiter, Florida 33458 Ph: (561) 746-0228 Fax: (561) 746-0119 Email: jandersen@jlageosciences.com	Water Treatment Plant No. 11 Wells 9 & 10 Maintenance and Rehabilitation of 7 Wells Installation and Testing of 2 Production Wells Prime Contractor, AWE PW: David Webb Jr.  M&R, PW	\$ 2,576,190.00	100%	Mar-14	complete
2	The City of Coral Springs 9551 West Sample Road Coral Springs, FL 33065  Bryan Heller Phone 954-345-2162	Don Eckler Eckler Engineering 4700 Riverside Dr, Coral Springs, FL (954) 755-1351	Water Supply Well Rehabilitation Annual contract for the rehabilitation of surficial aquifer production wells.  Prime Contractor, AWE PW: David Webb Jr.  M&R, PW	\$150,000 annual	100%	Dec-13	current
3	Village of Wellington 14000 Greenbriar Blvd. Wellington, FL 33414  Karla Berroteran 561-753-2465	Owner	Production Well Maintenance Surficial aquifer well maintenance.  Prime Contractor, AWE PW: David Webb Jr.  M&R, PW	\$50,000		Jun-13 Sep-14	
4	Glades Utility Authority Belle Glade, FL 33430 Lake Region WTP PBC 39700 Hooker Highway Belle Glade, FL 33430	James Andersen JLA Geosciences, Inc. Jupiter, Florida 33458 Ph: (561) 746-0228 Fax: (561) 746-0119 Email: jandersen@jlageosciences.com	Glades Utility Authority Production Well PBC LRWTP New Well PW-8, WAA49  Subcontractor to Globaltech AWE PW: David Webb Jr.  PW Acid Treatment	\$ 450,000.00		Jan-12	May-12







## **Equipment & Facilities**

The following is a list of equipment owned by All Webb's Enterprises, Inc. All equipment is in excellent working order. The equipment for the project(s) will be drawn from this list of inventory.

### **Facilities**

3,500 square foot administrative office

8,000 square foot repair facility located in Jupiter, Florida with onsite/offsite diesel mechanic (We employ two fulltime diesel mechanics)

2 acre storage in Fort Pierce, FL

### **Rigs**

2007 Schramm Rotadrill TXD 200 drill rig with a 200,000 lb static hook load and a hydraulic top drive. Electric rig with pipe handling system.

1981 Challenger 360 drill rig with mud systems; 3408 cat 485 hp turbo, Allison 5 speed automatic transmission,

1981 Challenger 320 drill rig with mud systems; 3408, 485 hp turbo cat, 5-speed Allison automatic transmission,

1994 Schramm Rotadrill T300m with portable mud system and air compressor;

Two 1980 Failing 2500 mounted drill rigs powered by Detroit diesel engines with 63' wide base derricks with 100,000 lb load ratings and hydraulic leveling jacks, 18" rotary table and 50 ton swivels, pipe trailers

1980 Texoma Taurus 100 drill rig mounted on crane carrier with 30" digging bucket with 5 ½" box

### **Geophysical Logging & Video**

2 logging trucks with full suites of tools. Capable of RTS and open hole logging. Warrior logging and software systems, logging tools(e-log, gamma, caliper, flow meter, rts injector, upper gamma, lower gamma, cbl, temperature, BHCS, DIL, thief sampler), strippers, cables, centralizers mounted in 2003 ford panel van with 5000 kw Honda generator, electric draw downs and all related equipment, over five thousand feet of cable (We have two logging trucks)

2 video survey systems - 2007 Aries downhole camera with 360° rotation, insta-cam video printer, video titler and dvd recorder, hydraulic winch with 4,000 ft cable







Equipment & Facilities Continued

**Support Equipment**

**4 semi tractors**

**10 flatbed trailers**

**1999 Dominator vacuum loader -2,000 gallon**

**Cooper rig with Spicer 5 speed transmission, single drum draw works assembly with Witchita clutch, 55' mast with 35,000 lb hook load, Ramsey H-700 winch**

**International cement pump truck with BS high pressure triplex pump, 2-15 barrel ribbon auger mixing and blending tanks, 1-150 bag cement pot, all connections and hoses**

**2000 Besser Appco cement filter vent**

**1999 Pioneer Crane Truck**

**1998 GMC Manitex Crane Truck**

**1995 International Crane Truck**

**2006 Ford Blue LCF55F**

**2006 F450 Service Truck**

**2002 GMC service truck with welder  
Salt and chlorine mixing systems including pumps, tanks and hoses**

**3 Steel containment pads**

**Two 3 tank mud systems with electric motor control breakers & wiring, desanders with dual shale shaker, agitators hopper system and connectors**

**3 Air compressors 400 cfm/200 psi**

**Double white band drill pipe various sizes- 15,000 feet**

**Drill Collars, Bits & Stabilizers – various sizes from 4”- 72”**

**Tubing – 6000 feet 2 3/8 tubing for MITs**

**8-packers, 2" to 26" with fittings, 1-5000' spool 1/4" stainless inflation line, 1-3000' spool 1/4" stainless inflation line, inflation manifold and expansion sleeves**







**2 Tanker trailers-6300 gallon stainless and aluminum**

**Bulk unit semi trailer 500 bag capacity with joy pneumatic air compressor and discharge manifold**

**6,000 feet 12"-16" HDPE piping**

**fittings, valves, rubbers, gaskets, bop rings, air equipment, handling equipment, bits, subs, collars and drill pipe, casings, tools and hoses, tongs, chains, wrenches, lifting nubs, bops, kelly bars**

**3 loaders, 4 cranes, 4 backhoes, 1 track hoe, 1 dump trailer, 6 welders, 5 storage tanks, 5 semi tractors**









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2015

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 endorsements(s).

<b>PRODUCER</b> Iron Fidelity Insurance Services, LLC 2004 LaPrada Pkwy Mesquite, TX 75150	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	
	<b>INSURER A: XL Specialty Insurance Company</b>	
	<b>NAIC#</b> 37885	
<b>INSURED</b> Payroll Management Inc 348 Miracle Strip Pkwy Suite 39 Building H Fort Walton Beach, FL 32548	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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			Not Applicable			EACH OCCURRENCE \$ XXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXX MED EXP (Any one person) \$ XXXXXX PERSONAL & ADV INJURY \$ XXXXXX GENERAL AGGREGATE \$ XXXXXX PRODUCTS-COMP/OP AGG \$ XXXXXX \$ XXXXXX
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Not Applicable			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXX BODILY INJURY (Per person) \$ XXXXXX BODILY INJURY (Per accident) \$ XXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXX \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			Not Applicable			EACH OCCURRENCE \$ XXXXXX AGGREGATE \$ XXXXXX \$ XXXXXX \$ XXXXXX \$ XXXXXX
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	RWE943545301	05/01/2015	05/01/2016	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE-POLICY LIMIT \$ 1,000,000.00

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

**THIS CERTIFICATE CONFERS NO ADDITIONAL INSURED RIGHTS UPON THE CERTIFICATE HOLDER.** // Only the co-employees but not subcontractors of ALL WEBB'S ENTERPRISES, INC. DBA ALL WEBB'S ENTERPRISES, INC. // \*COVERAGE ONLY APPLIES TO ACTIVE EMPLOYEE(S) OF PAYROLL MANAGEMENT INC., THAT ARE LEASED TO ALL WEBB ENTERPRISES, INC. \*COVERAGE ONLY APPLIES TO INJURIES INCURRED BY PAYROLL MANAGEMENT INC. & SUBSIDIARIES ACTIVE EMPLOYEE(S) WHILE WORKING IN THE STATE OF FLORIDA. \*COVERAGE DOES NOT APPLY TO STATUTORY EMPLOYEE(S) OR INDEPENDENT CONTRACTOR(S) OF THE CLIENT COMPANY OR ANY OTHER ENTITY. \*DOES NOT COVER USL&H. EMAIL PAYROLL@PMIPEO.COM FOR ACTIVE EMPLOYEE LIST.

<b>CERTIFICATE HOLDER</b> 1329 MOCKS, ROOS & ASSOCIATES, INC 5720 CORPORATE WAY West Palm Beach, FL 33407	<b>CANCELLATION</b> 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 Adam Goldberg <i>Adam Goldberg</i>
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