



Randy Rosbury
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 Gwinnett County Water Resources
 By Appointment Only
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GWINNETT COUNTY
 Submit to: Water & Sewer Plan Review Section
 Department of Planning and Development
 446 West Crogan Street Suite 150
 Lawrenceville, Ga 30046 **Phone:** 678-518-6175
Fax 678-518-6240

**Application For
 Approved Contractor's List**

Pump Station Installation only

Date: _____

1. Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____ Cell Phone #: _____

2. Company is: Sole Proprietorship: _____ Corporation: _____ Partnership: _____

3. Information on Principals:

<u>Name:</u>	<u>Title:</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. Supervisory / Foreman Information:

<u>Name:</u>	<u>Title:</u>	<u>Years w/ Company:</u>	<u>Experience/Years Water:</u>	<u>Sewer:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GWINNETT COUNTY DEPARTMENT OF WATER RESOURCES USE ONLY

Approved: Pump Station _____ Date: _____ Initials: _____

Company Name: _____

Application for GCDWR Approved Contractor's List

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5. Regular / After Hours Contract Persons:

<u>Name:</u>	<u>Title:</u>	<u>Regular Phone #:</u>	<u>After Hours #:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Major Equipment available for Pump Station Construction
(Attach computer inventory listing if available):

<u>Type of Equipment:</u>	<u>Model:</u>	<u>Number of Units:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Bonding Capabilities: \$ _____ (maximum)

Bonding Company: _____

Contact Person: _____ Phone: _____

8. Additional **REQUIRED INFORMATION** to be attached to completed application:

****IMPORTANT****

- A. Letter of recommendation from Engineer, City or County for which **three of the below listed jobs were completed.**
- B. Biographical/Experience summary for each of company's principals, supervisors, and foreman.
- C. Current "**Certificate of Insurance**" showing coverage limits for **General Liability and Worker's Compensation Insurance.**
- D. Copy of Current **Business License.**
- E. Complete the following list for each sub-contractor normally used for the specialty work of blasting (furnish copy of blasting certificates) and electrical (furnish license number) – use additional pages if necessary:

<u>Sub-Contractor:</u>	<u>Type of Work:</u>	<u>Sizes:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company Name: _____

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9. List *four (4)* pump station construction projects, including at least *two (2)* stations with 100 hp or larger pumps, completed by your company in the last *five (5)* years.

A. **Project No. 1:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pump Type: _____

Motor Size: _____

Generator Size: _____

Telemetry System Type: _____

Date Completed: _____ Date Accepted by Owner: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount: \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

Company Name: _____

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List *four (4)* pump station construction projects, including at least *two (2)* stations with 100 hp or larger pumps, completed by your company in the last *five (5)* years. (Continued)

B. **Project No. 2:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pump Type: _____

Motor Size: _____

Generator Size: _____

Telemetry System Type: _____

Date Completed: _____ Date Accepted by Owner: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount: \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

Company Name: _____

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List *four (4)* pump station construction projects, including at least *two (2)* stations with 100 hp or larger pumps, completed by your company in the last *five (5)* years. (Continued)

C. **Project No. 3:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pump Type: _____

Motor Size: _____

Generator Size: _____

Telemetry System Type: _____

Date Completed: _____ Date Accepted by Owner: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount: \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

Company Name: _____

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List *four (4)* pump station construction projects, including at least *two (2)* stations with 100 hp or larger pumps, completed by your company in the last *five (5)* years. (Continued)

D. **Project No. 4:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pump Type: _____

Motor Size: _____

Generator Size: _____

Telemetry System Type: _____

Date Completed: _____ Date Accepted by Owner: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount: \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

Company Name: _____

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- 10. List any other information which you feel is pertinent to this application but which was not requested above:

PLEASE PROVIDE NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP PERMITS FOR YOUR COMPANY!!!!!!

REMINDER: BRING CONTRACTOR STAMPED PLANS TO OBTAIN PERMITS!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Company Name: _____

Application for GCDWR Approved Contractor's List

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I hereby certify that the above information is true. I also hereby certify that I have purchased the latest edition of the *Gwinnett County Department of Water Resources Sanitary Sewer Pump Station and Force Main Design and Construction Manual*, or will purchase said Specifications prior to obtaining a construction permit for first project.

I agree to fully comply with the Gwinnett County Department of Water Resources applicable policies, regulations, and requirement together with its approved plans and current installation specifications in the construction of pump stations for all projects.

I understand and agree that failure to comply with any of the above requirements can result in suspension from the *Approved Contractor's List*, and/or revocation of any or all current construction permits.

Signature of Applicant

Title

Date

******All applicants, if approved, shall be on a "PROBATIONARY STATUS" until completion and approval of first project. Any failure to comply with any of the above requirements during probation will result in immediate suspension from the Approved Contractor's List.******