

June 08, 2016

**NOTICE OF  
PRE-QUALIFICATION OF CONTRACTORS  
FOR UTILITY RELOCATIONS ASSOCIATED WITH ROAD IMPROVEMENTS**

The Gwinnett County Board of Commissioners is soliciting applications from Contractors for prequalification to furnish labor, materials and equipment for utility relocations associated with road improvement projects at various locations throughout Gwinnett County.

Special Conditions: The Gwinnett County Department of Water Resources shall comply with O.C.G.A § 36-91-20 as amended for mandatory pre-qualification of prospective bidders. Therefore, interested applicants should obtain a Pre-Qualification Application, from the Gwinnett County Purchasing Office, 75 Langley Drive, Lawrenceville, Georgia 30046 (Telephone No. 770-822-8734). Pre-qualification applications will be evaluated based on established criteria listed in the application. All qualified and disqualified applicants will be notified in writing. Contractors will be considered pre-qualified upon issuance of the notification of pre-qualification. Contractors under consideration for pre-qualification may NOT submit bids for projects that have advertised prior to the contractor's receipt of a notice of pre-qualification. The term of the pre-qualification will be effective on September 01, 2016 and will expire on December 31, 2021 or until the County determines otherwise.

Questions regarding pre-qualification applications should be directed to Shelley McWhorter, CPPB, Purchasing Associate III, [shelley.mcwhorter@gwinnettcountry.com](mailto:shelley.mcwhorter@gwinnettcountry.com), by June 16, 2016. Applications must be completed and submitted to Shelley McWhorter no later than 5:00PM on July 01, 2016. Applications may be mailed to the Gwinnett County Purchasing Division or submitted via email to Shelley McWhorter. NOTE: After this initial deadline, applications will be accepted at any time. The review and approval process will require approximately three weeks from the date the application is received by the Gwinnett County Purchasing Division.

Applicant's qualification will be determined based upon the information presented. All questions must be answered in full, without exception. Failure to do so may result in the applicant being deemed non-responsive and therefore may not be considered for qualification.

Although the Purchasing Division will make every effort to notify pre-qualified contractors of bids that are based on the established criteria of this application, it is ultimately the contractor's responsibility to ensure they remain abreast of Gwinnett County's solicitations. Depending on the scope and complexity of the work to be performed, individual projects may require a project-specific pre-qualification, independent of this pre-qualification process.

**GWINNETT COUNTY BOARD OF COMMISSIONERS**

COMPANY NAME: \_\_\_\_\_  
APPLICATION FOR PREQUALIFICATION  
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**APPLICATION FOR PREQUALIFICATION  
TO BID  
CONSTRUCTION PROJECTS**

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Date of Application:

Project Name: Prequalification for Utility Relocations associated with Road Improvements Projects

Type of Project: Water Mains and Appurtenances, and Sewer Lines and Appurtenances

Description: Qualify Contractors to furnish labor, materials and equipment for the installation, replacement or relocation of water mains, sewer lines, and appurtenances at various locations in Gwinnett County.

Owner Name: Gwinnett County

Applicant Name: \_\_\_\_\_

Note: Gwinnett County reserves the right to approve of all personnel provided by the Contractor including but not limited to Project Managers, Project Superintendents and subcontractors for any portion of work resulting from this pre-qualification process.

**I. INSTRUCTIONS**

- A. Applicant SHALL NOT attach information in lieu of completion of the application document. All information requested by the County SHALL be provided within the application document; however, additional pages may be attached if more space is required or as otherwise instructed within the application document. All additional pages SHOULD be clearly labeled with the applicant's name, section name, item number and page number.
- B. Applicant's qualification will be determined based upon the information presented. All questions must be answered in full, without exception. Failure to do so may result in the applicant being deemed non-responsive and therefore may not be considered for qualification.
- C. Only complete and accurate information shall be provided by the Applicant. The Applicant hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The applicant should complete the applicant certification included in this packet. The Applicant also acknowledges that the Owner is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a question was provided by the Applicant, knowing it was false, it shall constitute grounds for immediate disqualification and termination or rescission by the owner of any subsequent agreement between the Owner and the Applicant. The Owner shall also have and retain any other remedies provided by law.
- D. If there are any questions concerning the completion of this form, the Applicant is encouraged to contact the Owner's representative, Shelley McWhorter, Purchasing Associate III, [via email at Shelley.McWhorter@gwinnettcountry.com](mailto:Shelley.McWhorter@gwinnettcountry.com) telephone at 770-822-8734.
- E. Poor performance of pre-qualified contractors will be reviewed by the Purchasing Policy & Review Committee and could result in the contractor being removed from the pre-qualified vendor list for the remainder of the term of the pre-qualification.

**II. MINIMUM PREQUALIFICATION CRITERIA**

**IMPORTANT MINIMUM PREQUALIFICATION CRITERIA**

A. Contractors can submit and be qualified on all sub-sections, or specific sub-sections, which directly relate to their firms experience only. Please note that approval on limited sub-sections will restrict notification of projects to that type of work, only. The various sub-sections are as follows:

- 1) Pressurized mains smaller than 16” and appurtenances
- 2) Pressurized mains 16” or larger and appurtenances
- 3) Gravity sewer lines smaller than 18” and appurtenances
- 4) Gravity sewer lines 18” or larger and appurtenances

NOTES: If a Contractor is approved on sub-section 2) above, then they are automatically approved on sub-section 1). If a Contractor is approved on sub-section 4) above, then they are automatically approved on sub-section 3). If a Contractor is approved on sub-sections 2) and 4) above, then they are automatically approved for all utility relocation work associated with Road Improvement projects.

If Contractor can answer “Yes” to meeting the requirements shown below, please complete the appropriate sub-section within this application.

**Similar Projects – Sub-section 1:**

Requirement Met?		Requirement
Yes	No	The satisfactory completion of at least four (4) pressurized main new installation or relocation projects consisting of 8” or larger ductile iron pipe and appurtenances, each being 1,000 linear feet or more, within the past four (4) years.
Yes	No	All four (4) of these projects must have been constructed along the shoulder of at least a two-lane road and/or at a road intersection, and required traffic diversion/maintenance.
Yes	No	For all four (4) of these projects, the applicant must have been the licensed utility contractor.
Yes	No	Two (2) of these projects must have included the relocation and adjustment of customer water meters.
Yes	No	Two (2) of these projects must have been constructed in an established neighborhood and involved the restoration of landscaped yards.
Yes	No	Two (2) of these projects must have involved the coordination and work in conjunction with other utilities.
Yes	No	Two (2) of these projects must have been performed directly for a utility or other government entity.
Yes	No	One (1) of the projects shall have had rock excavation.
Yes	No	One (1) of the projects must have installed an 8” or larger live tap with tapping sleeve and valve.
Yes	No	One (1) of the projects must have required draining of a sanitary sewer force main and disposal of the pipeline contents in accordance with all applicable laws and regulations.

**Similar Projects – Sub-section 2:**

Requirement Met?		Requirement
Yes	No	The satisfactory completion of at least four (4) pressurized main new installation or relocation projects consisting of 16” or larger ductile iron pipe and appurtenances, each being 1,000 linear feet or more, within the past eight (8) years.
Yes	No	All four (4) of these projects must have been constructed along the shoulder of at least a two-lane road and/or at a road intersection, and required traffic diversion/maintenance.
Yes	No	For all four (4) of these projects, the applicant must have been the licensed utility contractor.
Yes	No	Two (2) of these projects must have included the relocation and adjustment of customer water meters.
Yes	No	Two (2) of these projects must have been constructed in an established neighborhood and involved the restoration of landscaped yards.
Yes	No	Two (2) of these projects must have involved the coordination and work in conjunction with other utilities.
Yes	No	Two (2) of these projects must have been performed directly for a utility or other government entity.
Yes	No	One (1) of the projects shall have had rock excavation.
Yes	No	One (1) of the projects must have installed a 16” or larger live tap with tapping sleeve and valve.
Yes	No	One (1) of the projects must have required draining of a sanitary sewer force main and disposal of the pipeline contents in accordance with all applicable laws and regulations.

**Similar Projects – Sub-section 3:**

Requirement Met?		Requirement
Yes	No	The satisfactory completion of at least four (4) gravity sewer new installation or relocation projects consisting of 8” or larger gravity sewer and appurtenances, each being 1,000 linear feet or more, within the past four (4) years.
Yes	No	One (1) of these projects must have been constructed along the shoulder of at least a two-lane road and/or through a road intersection, and required traffic diversion/maintenance.
Yes	No	For all four (4) of these projects, the applicant must have been the licensed utility contractor.
Yes	No	Two (2) of these projects must have included the adjustment of manhole rings and covers.
Yes	No	Two (2) of these projects must have been constructed in an established neighborhood and involved the restoration of landscaped yards.
Yes	No	Two (2) of these projects must have involved coordination and work in conjunction with other utilities.
Yes	No	Two (2) of these projects must have been performed directly for a utility or other government entity.
Yes	No	One (1) of the projects must have had rock excavation.
Yes	No	Two (2) of these projects must have included raw sewage bypass pumping.

**Similar Projects – Sub-section 4:**

COMPANY NAME: \_\_\_\_\_

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<b>Requirement Met?</b>		<b>Requirement</b>
Yes	No	The satisfactory completion of at least four (4) gravity sewer new installation or relocation projects consisting of 18” or larger gravity sewer and appurtenances, each being 1,000 linear feet or more, within the past eight (8) years.
Yes	No	One (1) of these projects must have been constructed along the shoulder of at least a two-lane road and/or through a road intersection, and required traffic diversion/maintenance.
Yes	No	For all four (4) of these projects, the applicant must have been the licensed utility contractor.
Yes	No	Two (2) of these projects must include the adjustment of manhole rings and covers.
Yes	No	One (1) of these projects will have been a project in which the applicant constructed a gravity sewer in an established neighborhood that involved the restoration of landscaped yards.
Yes	No	Two (2) of these projects will have involved coordination and work in conjunction with other utilities.
Yes	No	Two (2) of these projects must have been performed directly for a utility or other government entity
Yes	No	One (1) of the projects must have had rock excavation.
Yes	No	Two (2) of these projects will have included raw sewage bypass pumping.

B. Corporations (including principal/corporate officers), Partners and/or Individuals interested in being considered for prequalification with Gwinnett County shall not be currently under indictment for criminal misconduct involving any local, state or federal government entity.

**III. GENERAL BACKGROUND**

A. Current name and address of Applicant:

- 1. Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State and Zip: \_\_\_\_\_  
Business Address \_\_\_\_\_  
City: \_\_\_\_\_  
State and Zip: \_\_\_\_\_  
24 hr. Contact Person: \_\_\_\_\_  
Cell, Telephone and \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

- 2. Applicant is: Licensed to conduct utility business in the State of Georgia?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, Provide State of Georgia Utility Applicants  
License Number: \_\_\_\_\_

B. Principals/Officers/Individuals authorized to sign contracts:

- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_
- Name and Title: \_\_\_\_\_

- D. Is applicant currently under indictment for criminal misconduct involving any local, state or federal government entity? \_\_\_\_\_

Has applicant ever been indicted involving any local, state or federal government entity? \_\_\_\_\_

If so, what was the disposition of the charges? \_\_\_\_\_

**IV. COMPANY EXPERIENCE – SIMILAR PROJECTS**

**A. Sub-section 1: Project No. 1**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project constructed in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require an 8” or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_

**Sub-section 1: Project No. 2**



COMPANY NAME: \_\_\_\_\_

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Project Name: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
Dollar Amount: \_\_\_\_\_  
Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Telephone: \_\_\_\_\_  
Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person Telephone: \_\_\_\_\_  
Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
Date of Notice to Proceed: \_\_\_\_\_  
Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project constructed in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require an 8" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Sub-section 1: Project No. 3**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project constructed in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require an 8" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Sub-section 1: Project No. 4**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes: No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project constructed in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require an 8" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Sub-section 2: Project No. 1**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require a 16" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Sub-section 2: Project No. 2**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require a 16" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Sub-section 2: Project No. 3**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require a 16" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Sub-section 2: Project No. 4**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Pressurized Pipelines:

Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:
Pipe Size:	Pipe Material:	Pipe Length:	Pipe Contents:

Was this a pressurized pipeline project that was constructed along the shoulder of at least a two-lane road and/or at a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the relocation and adjustment of customer water meters?

Yes No

Was this project in an established neighborhood and involve the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project require a 16" or larger live tap with tapping sleeve and valve?

Yes No

Did this project require draining of a sanitary sewer force main and disposal of the pipeline contents?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Sub-section 3: Project No. 1**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project involve the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_

Comments: \_\_\_\_\_



**Sub-section 3: Project No. 2**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project involve the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_

Comments: \_\_\_\_\_

**Sub-section 3: Project No. 3**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project involve the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_

Comments: \_\_\_\_\_

**Sub-section 3: Project No. 4**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project involve the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_

Comments: \_\_\_\_\_

**Sub-section 4: Project No. 1**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_  
 Comments: \_\_\_\_\_

**Sub-section 4: Project No. 2**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

- Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?  
 Yes No
- Was your company the licensed utility contractor for this project?  
 Yes No
- Did this project include the adjustment of manhole rings and covers?  
 Yes No
- Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?  
 Yes No
- Did this project include the coordination and work in conjunction with other utilities?  
 Yes No
- Did this project include rock excavation?  
 Yes No
- Did this project include raw sewage bypass pumping?  
 Yes No
- Was your company the primary contractor on this project?  
 Yes No
- Was your company the subcontractor on this project?  
 Yes No
- If your company was the subcontractor, who was the primary contractor for this project?  
 \_\_\_\_\_

Comments: \_\_\_\_\_

**Sub-section 4: Project No. 3**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_

Comments: \_\_\_\_\_

**Sub-section 4: Project No. 4**

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Dollar Amount: \_\_\_\_\_  
 Location: \_\_\_\_\_

Utility Owner (utility that actually takes over the pipeline): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Project Engineer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Person Telephone: \_\_\_\_\_  
 Contact Person E-mail: \_\_\_\_\_

Contract Dates:  
 Date of Notice to Proceed: \_\_\_\_\_  
 Date of Final Completion: \_\_\_\_\_

Description of Gravity Sewers:

Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:
Pipe Size:	Number of MH's:	Pipe Length:	Pipe Material:

Was this a gravity sewer project that was constructed along the shoulder of at least a two-lane road and/or through a road intersection, requiring traffic diversion/maintenance?

Yes No

Was your company the licensed utility contractor for this project?

Yes No

Did this project include the adjustment of manhole rings and covers?

Yes No

Was this a gravity sewer project that was constructed in an established neighborhood that involved the restoration of landscaped yards?

Yes No

Did this project include the coordination and work in conjunction with other utilities?

Yes No

Did this project include rock excavation?

Yes No

Did this project include raw sewage bypass pumping?

Yes No

Was your company the primary contractor on this project?

Yes No

Was your company the subcontractor on this project?

Yes No

If your company was the subcontractor, who was the primary contractor for this project?

\_\_\_\_\_

Comments: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
APPLICATION FOR PREQUALIFICATION  
PAGE: PQ 23

APPLICANT CERTIFICATION

I certify to the Owner that the information and responses provided on this application for Prequalification are true, accurate and complete. The Owner, or its designated representative, may contact any entity or reference listed in this Application. Each entity or reference may make any information concerning the Applicant available to the Owner or its designated representative.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

APPLICANT:

\_\_\_\_\_  
\_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of  
\_\_\_\_\_ 201\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_  
Seal

END OF APPLICATION