

ELIMINATION OF THE SCHNEIDER PUMP STATION

SANITARY SEWER IMPROVEMENTS BID SHEET 1 of 5

ITEM	ITEM DESCRIPTION	CONTRACT QUANTITY	UNIT	UNIT PRICE LABOR	UNIT PRICE MATERIAL	UNIT PRICE TOTAL	BID TOTALS
PROJECT 1 A							
1	27" SANITARY SEWER, COMPLETE (ASTM F949)	113	LF				
2	21" SANITARY SEWER, COMPLETE (ASTM F949)	10	LF				
3	4' DIAMETER PRECAST DROP MANHOLE	1	EA				
4	HOLD EXISTING UTILITY POLE ALLOWANCE	1	EA			\$1,000.00	\$1,000.00
5	CONSTRUCTION VIDEO	1	LS				
6	MOBILIZATION	1	LS				
			TOTAL PROJECT 1A			\$	

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SANITARY SEWER IMPROVEMENTS BID SHEET 2 of 5

ITEM	ITEM DESCRIPTION	CONTRACT QUANTITY	UNIT	UNIT PRICE LABOR	UNIT PRICE MATERIAL	UNIT PRICE TOTAL	BID TOTALS
PROJECT 1 B							
7	12" SANITARY SEWER, COMPLETE (ASTM D3034, SDR 35)	351	LF				
8	8" SANITARY SEWER, COMPLETE (ASTM D3034, SDR35)	10	LF				
9	4' DIAMETER PRECAST DROP MANHOLE	1	EA				
10	4' DIAMETER PRECAST MANHOLE	2	EA				
11	24" BORED CASING, 0.375"TH	33	LF				
12	FLO-DAR FLOW METER, COMPLETE	1	EA				
13	PLUG AND GROUT EXISTING GRAVITY SANITARY SEWER	1	LS				
14	PLUG AND GROUT EXISTING FORCE MAIN	1	LS				
15	ABANDON EXISTING WET WELLS	2	EA				
16	REMOVE EXISTING VALVE VAULT	1	EA				
17	ELECTRICAL	1	LS				
18	DRIVE REPLACED (AT RAISED ELAEVATION)	1	LS				
19	CONSTRUCTION VIDEO	1	LS				

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THE BIDDER HEREBY ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDA:

NUMBER

DATE

NUMBER

DATE

WE (I) HEREBY AGREE THAT IN THE EVENT OF FAILURE ON OUR PART TO CONTRACT AS AFORESAID (PROVIDED THIS PROPOSAL IS ACCEPTED) THE BID BOND, CHECK OR LETTER OF CREDIT ACCOMPANYING THIS PROPOSAL SHALL BE FOREFEITED TO THE OWNER AS LIQUIDATED DAMAGES FOR THE DIFFERENCE BETWEEN THIS BID AND THE AWARDED CONTRACT PRICE, NOT TO EXCEED THE AMOUNT OF THE BOND.

WE FURTHER AGREE THAT THE INTENT OF THE PLANS IS CLEAR AND THE OWNER MAY REJECT ANY OR ALL OF THE BIDS.

THE TIME OF COMPLETION FOR THIS PROJECT IN _____ CALENDAR DAYS FROM THE NOTICE TO PROCEED.

FIRM, CORPORATION OR INDIVIDUAL

STREET ADDRESS

OFFICER'S NAME AND TITLE - TYPED

CITY, STATE, ZIP

OFFICER'S SIGNATURE

PHONE NUMBER

DATE

FAX

NOTE: EVIDENCE OF AUTHORITY TO SIGN AND THE CORPORATE SEAL MUST BE AFFIXED AND ATTESTED BY THE SECRETARY.

WITNESS SIGNATURE

WITNESS NAME AND TITLE - TYPED

DATE