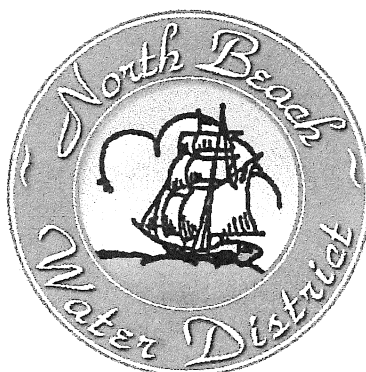


NORTH BEACH WATER DISTRICT

PACIFIC COUNTY

WASHINGTON



SMALL WORKS ROSTER CONTRACT PROVISIONS

for

NORTH WELLFIELD WELL #2 DECOMMISSIONING

BID REQUEST DATE: APRIL 13, 2015

BID DUE DATE: MAY, 01, 2015 1:00 PM

STATEMENT OF BIDDER'S QUALIFICATION

Name Licensed Well Operator: Darrell Feavel Lic. #: 2398
 Phone: 253 847-7744 Cell: 253 380-9355 email: _____

Please the number of year for each:

Contractor engaged in construction business as the Bidding firm: 13 years in July
 Licensed Well Operator held current Washington State Well Operator License: 18 yrs. (1997)

Gross dollar amount of work currently under contract: \$24,084.94

Gross dollar of Contracts currently not completed \$20,084.94 ~~JP~~

List of "3" major projects of a similar nature which have been completed by the Contractor within the last five years and the gross dollar amount of each project, together with the Owner's name and telephone number, and the Engineer's name:

Project Name	Amount	Owner	Phone	Engineer's Name
6" & 2" FEMA HMGD 181741825	\$26,693.80	Pierce Co.	(253) 798-4651	Randy Brake
6" Lakeland Commons II	\$13,341.92	Investco	(253) 447-3039	Dave Henline (Also)
10" 54th Ave - Fife	\$3,647.52	Phillips Exc.	(253) 875-9994	Charlie Phillips
6" Old Man Thomas Rd	\$7,174.27	Investco		

List the major pieces of equipment which are anticipated to be used on this project by the Contractor and note which items are owned by the Contractor and which are to be leased or rented from others:

- ① 22W Cable Rig
- ② Grout mixer
- ③ Jacks for casing
- ④ Spider & Slips for 8" pipe
- ⑤ F550 Service truck
- ⑥ Trailer w/water tanks
- ⑦ Perforator - if needed

Darrell Feavel 04/28/15

**NORTH BEACH WATER DISTRICT
NORTH WELLFIELD WELL #2 DECOMMISSIONING
BID FORM**

Note: Bid prices for all items, all extensions and total amount of Bid must be shown below.

NO.	ITEM	QTY	UNITS	UNIT PRICE	AMOUNT
1	North Wellfield Well #2 Decommissioning	1	LS	\$ 7,890.00	\$ 7,890.00

Subtotal: \$ 7,890.00

Washington State Sales Tax (7.9%): \$ 623.31

TOTAL CONSTRUCTION COST: \$ 8,513.31

Subject to any extensions of the Contract time granted under the Contract, the undersigned agrees to complete the Work required under this Contract within 15 working days.

The undersigned has reviewed and fully understands the provisions in the Contract regarding liquidated damages and agrees that liquidated damages shall be \$100.00 per day for each and every work day beyond the Contract time allowed to complete the work.

ADDENDA RECEIVED

Addendum No.	Date Received	Name of Recipient

NOTE: Bidder shall acknowledge receipt of all addenda. Bidder is responsible for verifying the actual number of addenda issued prior to submitting a Proposal.

Ronnie Kean
04/20/15

The undersigned is in, and will remain in, full compliance with all Washington State Department of Licensing requirements for contractors, including but not limited to requirements for bond, proof of insurance and annual registration fee. The undersigned's Washington State:

Dept. of L & I Workman's Compensation Acct No. is: 230,427-00;

Dept. of Licensing Contractor's Registration No. is: BISONWD 945R9;

Unified Business Identifier Number is: 20-4608500;

Excise Tax Registration Number is: 602-609-009; and

Employment Security Account Number is: 449-825-007.

Dated: 04/28/15

Bidder: Bison Well Drilling & Septic, LLC

Address: PO Box 5142

Spanaway WA 98387

By: Tonya L. Feavel

Sign Name

Tonya L. Feavel

Print Name

Title: Owner

BIDDERS SHALL DELIVER THE PROPOSAL TO THE NORTH BEACH WATER DISTRICT, 25902 VERNON AVENUE, SUITE C, OCEAN PARK, WASHINGTON 98640, OR IF USPS POST OFFICE BOX 618, OCEAN PARK, WASHINGTON 98640-0618, TO BE OPENED BY "1:00 PM" ON FRIDAY, MAY 01, 2015. THE PROPOSAL SHALL BE SUBMITTED IN A SEALED PACKAGE, ADDRESSED TO THE OWNER AND PLAINLY MARKED "PROPOSAL FOR BAY AVENUE TREE REMOVAL PROJECT" AND "ATTENTION JACK MCCARTY, OFFICE MANAGER." EMAILED OR FAXED PROPOSALS WILL NOT BE ACCEPTED.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AF

DATE (MM/DD/YYYY)

04/28/15

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 Griffin MacLean, Inc. 2300 130th Ave NE A203 Bellevue, WA 98005	425-822-1368	CONTACT NAME:	
	425-822-2737	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	BISON-1
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Bison Well Drilling & Septic LLC Po Box 5142 Spanaway, WA 98387	INSURER A:		Ohio Security Insurance Co
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BLS 55293699	09/28/14	09/28/15	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO			BAS 55293699	09/28/14	09/28/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
							\$
							\$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>					
	EXCESS LIAB						EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	USO 55293699	09/28/14	09/28/15	AGGREGATE \$ 2,000,000
	DEDUCTIBLE						\$
	RETENTION \$						\$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

RE: ALL PROJECTS
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED, IF REQUIRED BY
WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION**

NORTH BEACH WATER
DISTRICT
25902 VERNON AVE
OCEAN PARK, WA 98640

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

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Longe & Keane
04/28/15