

**ADDENDUM #3
TO
SPECIFICATION AND CONTRACT DOCUMENTS**

August 24, 2012

TO: ALL PLAN HOLDERS

FOR: ITB-025-2012
Water Quality Sampling and Lab Testing Annual Contract

This addendum sets forth changes and/or additional information as referenced and is hereby made a part of and should be attached to the subject Specifications and Contract Documents.

Contractor must acknowledge receipt of all addenda with proposal on the form provided herein.

The purpose of addenda #3 is to correct proposal form.

Remove pages 13-15 and replace with attached revised proposal form.

Addendum No. 1 Dated_____

Signature:_____

Addendum No. 2 Dated_____

Signature:_____

Addendum No. 3 Dated_____

Signature:_____

THIS FORM MUST BE INCLUDED WITH BID PROPOSAL

REVISED PROPOSAL

ITEM I: WASTEWATER TREATMENT PLANT (DEP PERMIT)

A. DIGESTED SLUDGE:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Complete set	\$_____	4	\$_____
2. % Solids before dewatering	\$_____	4	\$_____

B. PLANT IFFLUENT/ EFFLUENT:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Annual Treated Effluent Analysis (Industrial Pretreatment)	\$_____	1	\$_____
2. Weekly Analysis (St. Margarets EFA1)			
A. CBOD'S	\$_____	52	\$_____
B. TSS	\$_____	52	\$_____
C. FECAL	\$_____	52	\$_____
3. Bi-Weekly Analysis (Service Zone EFA1)			
A. CBOD'S	\$_____	26	\$_____
B. TSS	\$_____	26	\$_____
C. FECAL	\$_____	26	\$_____
D. NITRATE/NITRITE, TOTAL NITROGEN AND PHOSPHOROUS (Semi-Annual Only)	\$_____	2	\$_____

4. Public Access Reuse (PAR) Analysis

A. CBOD	\$_____	365	\$_____
B. TSS	\$_____	365	\$_____
C. Fecal	\$_____	365	\$_____
D. Nitrate + Nitrite	\$_____	365	\$_____

5. Monthly (St. Margarets EFA1) \$_____ 12 \$_____

6. Weekly Analysis (EFA2)

A. NITRATE/NITRITE, TOTAL NITROGEN AND PHOSPHOROUS	\$_____	52	\$_____
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7. Quarterly IPP Analysis \$_____ 4 \$_____

C. ANNUAL IPP ANALYSIS

(Influent/Effluent/sludge) \$_____ 3 \$_____

ITEM II: SPRAYFIELD (DEP PERMIT):

A. GROUND WATER MONITORING SPRAYFIELD WELLS AND RESERVOIR – EFFLUENT SAMPLING AND ANALYSIS:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Monthly (Branford Biosolids Site)	\$_____	72	\$_____
2. Quarterly (Sprayfield)	\$_____	40	\$_____

ITEM III: WASTEWATER TREATMENT PLANT (OTHER)

A. EFFLUENT BY-PASS:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Complete Set	\$_____	9	\$_____

B. DIGESTED SLUDGE:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. 125 Priority Pollutants	\$_____	1	\$_____
2. Toxicity Characteristic	\$_____	1	\$_____
3. Bench Scale Test	\$_____	12	\$_____

C. REAGENT WATER:

1. Annual Analysis	\$_____	1	\$_____
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D. BACKGROUND SURFACE WATER:

1. Analysis	\$_____	10	\$_____
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ITEM IV: WASTEWATER TREATMENT PLANT (IWPP PERMIT)

A. INDUSTRIAL CUSTOMER:

	<u>Price per Sample test</u>	<u>Estimated Samples</u>	<u>Total</u>
1. Effluent	\$_____	2	\$_____
2. Pollutants	\$_____	2	\$_____

NAME _____

ADDRESS _____

CITY, STATE/ZIP _____

TELEPHONE _____

FAX # _____

E-MAIL ADDRESS _____

Authorized Representative (PLEASE PRINT OR TYPE)

SIGNATURE _____

DATE _____

THIS FORM MUST BE USED FOR PROPOSAL