

JOHNSON COUNTY WASTEWATER

INFORMATION RELATIVE TO LISTING OF CONTRACTORS for PRIVATELY-FINANCED SEWER MAIN PROJECTS

GENERAL RULES AND REGULATIONS

Contractors must be listed on the current Johnson County Wastewater (JCW) Contractor List to perform work for all privately financed gravity or low pressure sewer (LPS) sewer main projects. This process does not apply to publicly (JCW) financed sewer main projects. The current Contractor List is available on the Privately Financed Sewer Main Development page at www.jcw.org.

Contractors shall meet the following requirements to be considered for the Contractor List:

- A minimum of two (2) years of company experience in the Project Category selected on the Questionnaire: Gravity Sewer Mains & Appurtenances, Low Pressure Sewer Systems (LPS) or both.
- Demonstrate ownership of, or access to, all applicable equipment necessary to construct the project.
- Demonstrate financial capability to complete work in the form of an audited Financial Statement certified by a Certified Public Accountant for the most recent full fiscal year along with current year to date financials.
- Demonstrate contractual completion of past work.

Upon receipt and review of the completed Questionnaire, the JCW Chief Engineer will send written notice of the review findings to the Contractor. Please allow a minimum of two (2) weeks for the initial review. Additional information or clarification may be due after the initial review and additional review time will apply.

Contractors not satisfied with the findings of the JCW Chief Engineer may file a request with the JCW General Manager for review of the completed Questionnaire.

CONTRACTOR QUESTIONNAIRE

The Contractor shall submit the completed Questionnaire (including all required information and signature) to the JCW Chief Engineer. The completed Questionnaire (and any attachments necessary to complete the information required by the Questionnaire) shall include statements of the Contractor's experience, equipment, organization, and financial status. Label each attachment to the Questionnaire with the applicable Questionnaire item number and title (Ex. "Item 6 - Completed Sanitary Sewer Main Projects").

The Questionnaire and attached information statements will be used for consideration of the Contractor's listing. The Questionnaire and attachments shall show that the Contractor's experience complies with the General Rules and Regulations set out above and demonstrate a minimum of two (2) years of experience for the work category(ies) selected on the first page of the Questionnaire.

Questionnaires submitted without all request information and authorized signatory signature will be returned without review.

FINANCIAL STATEMENT

An audited Financial Statement certified by a Certified Public Accountant for the most recent full fiscal year along with current year to date financials shall accompany each Questionnaire.

BUSINESS FORMATION \ INCORPORATION

Provide the Contractor's full Company Name as incorporated or legally formed with the date and location of the incorporation or legal formation. All businesses (including those not incorporated in the State of Kansas) shall comply with State of Kansas law and shall provide a certified copy of the certificate issued by the Secretary of State authorizing the company to do business in Kansas with the Questionnaire. Nonresident individuals or partnerships and nonresident corporations not already registered with the Secretary of State are also required to register with the Secretary of Revenue, to file a bond to assure payment of taxes, and to pay any associated fees in accordance with State of Kansas law.

LISTING STATUS

ONE-TIME LISTING - First time contractors may be considered only for a "one-time" listing. "One-time" listings are good for a single project during the period of one (1) year from the date of JCW's Listing notification letter issued to the Contractor by the Chief Engineer. The Contractor shall submit an updated Questionnaire if the "one-time" work has not commenced prior to one (1) year from the date of the notification letter.

Upon successful completion of the "one-time" project, contractors shall submit written request to the Chief Engineer to request full-time listing. The written request must include the name of the one-time project, date the project was accepted by JCW and the scope of the project (i.e. size and type of sewer pipe, length of 8-inch and larger sanitary sewer main installed and number of manholes). The Chief Engineer will consider the work completed the one-time project in review of the request.

FULL-TIME LISTING - Contractors that have earned full-time listing status shall be listed for a period of three (3) years. A full-time Contractor may be removed from the list if the Contractor does not complete work in JCW's service area within the three (3) year time period. Contractors removed from the List shall submit an updated Questionnaire for relisting consideration.

Contractors are required to post a three (3) year maintenance bond for each sanitary sewer main project. JCW bond form shall be used. Acceptance of the surety-issued bond for every project is a condition of continued listing.

The Chief Engineer reserves the right to require the Contractor to submit a new Questionnaire for consideration at any time and to refuse one-time and full-time listing if the Contractor falsifies the Questionnaire and/or provided information or fails to meet the criteria required for listing at any time. Nothing in the above General Rules and Regulations shall be construed as depriving the Chief Engineer of the right to remove any Contractor from the JCW Contractor List where other circumstances and developments have, in the opinion of the Chief Engineer, changed the listing status or responsibility of the Contractor.

MAILING ADDRESS

Please send the completed and signed Questionnaire with all required information to the following address:

JOHNSON COUNTY WASTEWATER
Attn: Chief Engineer
11811 S. Sunset Dr.
Suite 2500
Olathe, KS 66061-7061

AAW/PM/JSH:jsh

CONTRACTOR QUESTIONNAIRE

TO: Johnson County Wastewater (JCW)
Attn: Chief Engineer
11811 S. Sunset, Suite 2500, Olathe, Kansas 66061-7061

FOR: Consideration of Contractor Listing to construct sanitary sewers and appurtenances for Privately-Financed Sanitary Sewer Main Projects (i.e. projects not financed by JCW) within Johnson County Wastewater sewer districts. Note: This consideration does not apply to Publicly Bid Projects (i.e. JCW funded).

Select the **sanitary sewer main** Project Category(ies) submitted for consideration:

- Gravity Sewer Mains & Appurtenances _____
- Low Pressure Sewer Systems (LPS) including pumps and small diameter force main installation _____

Listing will be considered only for the Project Category(ies) with complete and verifiable experience information provided under Items 6 and 7 of this Questionnaire.

BY: _____
Full contractor Company Name as legally formed (i.e. "the Company").

Primary Office Address: _____

Telephone number: _____

Fax number: _____

Names and email addresses for:

- Company Principal: _____
- Questionnaire Contact Person: _____

1. Number of years the Company listed above has been in business as a Contractor: _____

2. List number of years of sanitary sewer construction experience the Company (not an individual) listed above has?

a. As a General Contractor _____

b. As a Sub-Contractor _____

3. Has the Company listed above ever failed to complete any awarded work?

4. Has an officer or partner of the Company listed above ever failed to complete a construction contract under his/her own name or as an authorized agent for another company?

If so, state name of individual, capacity on the construction contract, and reasons therefore:

5. Identify and attach a list of the Company Principals and individuals who will be managing and primarily performing the sanitary sewer construction work. Include the following information for each individual:
 - a. Individual's Name
 - b. Present Position Title
 - c. Years of Sanitary Sewer Main Construction Experience
 - d. Work Type (gravity, pressure mains, pump systems, etc.) and Magnitude (ex. Number of MHs, ft of sewer main, etc.)
 - e. In What Capacity (i.e. Principal, Project Management, Site Supervision, etc.)

6. Identify and attach a list of **all sanitary sewer main** projects completed by the Company in the last two (2) years. Provide an information summary including the following for each project:
 - a. Jurisdictional Agency - Name of the Jurisdictional Agency (JA) that accepted each project. The JA is a Sewer Agency, City, County, etc. and not a property owner, contractor, developer, etc.
 - b. JA Contact Person - Name, title and phone number of the JA employee most familiar with the project.
 - c. For Gravity Sanitary Sewer Project Information –
 - i. Number of manholes
 - ii. Quantity and size of 8-inch and larger sanitary sewer main pipe
 - iii. List of tests required for acceptance of the sanitary sewer project by the JA (i.e. air, mandrel, vacuum, televising, compaction, etc.).
 - d. For Low Pressure Sewer (LPS) System Project Information –
 - i. Type and manufacturer for the low pressure sewer pump system
 - ii. Quantity size and type of pipe installed for low pressure sewers or small diameter water lines
 - iii. HDPE installation experience
 - iv. Directional drilling experience
 - v. List of the tests required for acceptance of the LPS or small diameter water lines by the JA (i.e. pump testing, hydrostatic testing, etc.)

7. Identify and attach a separate list of **all sanitary sewer main** projects presently under contract to the Company.
 - a – d. Provide the information summary for each project as noted in items 6. a - d above.
 - e. The contract amount for only the Sanitary Sewer portion of the contract.
 - f. Project Completion Percentage.

8. Identify and attach a separate list and description of all Construction Equipment owned by the Company and available to perform the work including the following information:
 - a. Equipment
 - b. Quantity
 - c. Description
 - d. Date Acquired
 - e. Age in Years

9. Attach an **Audited Financial Statement** for the Company for the most recent full fiscal year certified by a Certified Public Accountant along with current year to date financials.

10. Identify:

a. The Company's business type:

- ____ Corporation
- ____ LLC
- ____ Co-partnership
- ____ Individual
- ____ Other: _____

b. Identify State in which and the date that the Company was originally incorporated or legally formed:

- State: _____
- Date: _____

All businesses registered in the State of Kansas shall comply with State of Kansas law and shall provide a certified copy of the certificate issued by the Secretary of State authorizing the business entity to do business in Kansas. The State of Kansas does not register sole proprietorship, d/b/a, assumed name, trade name or fictitious name entities.

The authorized signatory of this Questionnaire guarantees the truth and accuracy of all foregoing statements and answers to interrogations made in conjunction with this application for the Company for Listing consideration.

Dated this _____ day of _____, 20__.

By:

Authorized Signatory Signature

Print or type name

Company and Signatory's Title

NOTARY

State of _____)

_____)

County of _____)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My commission expires _____

Questionnaires submitted without all requested information and signatures will be returned without review for the additional information.

AAW/PM/JSH:jsh