

# REQUEST FOR PROPOSALS WELL MAINTENANCE 26S0422

NOTICE IS HEREBY GIVEN that the Cape Fear Public Utility Authority (hereinafter referred to as "CFPUA" or "the Authority") is requesting proposals for Well Maintenance Services. There will **not** be a public bid opening. CFPUA will receive bids via U.S. Postal Service, Commercial Carrier, by Hand or by email in the office of and addressed to:

Cape Fear Public Utility Authority
Purchasing Department
235 Government Center Drive, Suite 201
Wilmington, N.C. 28403
ATTENTION: Benjamin Guerrieri, Procurement Manager
Bids@cfpua.org

UP TO THE HOUR OF 11:00 A.M. EST Thursday, November 20<sup>th</sup>, 2025

Bids received after this time will not be accepted. It is the bidder's responsibility to ensure bids are received on time.

If a bidder fails to complete and submit all requirements stated in this Advertisement for Bids and those further requirements stated in the bid documents, the Cape Fear Public Utility Authority may deem such failure nonresponsive and therefore a forfeiture of the bid. The Cape Fear Public Utility Authority reserves the right to reject any all proposals. No bid may be withdrawn after bids have been opened, except as provided in the North Carolina General Statutes.

All inquiries concerning this bid shall be directed to CFPUA Purchasing Department of the Cape Fear Public Utility Authority by e-mail to <a href="mailto:bids@cfpua.org">bids@cfpua.org</a> with "Well Maintenance 26S0422" in the subject line. No questions will be answered after Thursday, November 13<sup>th</sup>, 2025, at 2:00 PM.

All proposal forms must be properly executed and submitted as part of the bid.

The CFPUA reserves the right to reject any or all bids.

### WELL MAINTENANCE RFP # 26S0422 INSTRUCTIONS FOR BIDDERS

## **Deadlines Schedule:**

| Request for quotes                                        | October 28, 2025             |
|-----------------------------------------------------------|------------------------------|
| Deadline for Questions ( <u>must</u> be emailed or faxed) | November 13, 2025 @ 2 PM     |
| Deadline for Receipt of quotes                            | November 20, 2025 @ 11:00 AM |
| Proposed date of Award                                    | November 24, 2025            |
| Contract Start Date                                       | December 1, 2025             |

Proposals will be received by Cape Fear Public Utility Authority, to provide maintenance for the Authority's existing Wells as specified in the Scope of Work, up to the date and time specified above at Cape Fear Public Utility Authority, 235 Government Center Dr, Ste 201, Wilmington NC 28403.

For any questions regarding this bid, please contact <u>CFPUA Purchasing Department via email using bids@cfpua.org.</u> Questions regarding the bid will be received up until the date and time specified above.

Proposals must be submitted showing unit prices as requested on the Cost Proposal Sheet.

All bids shall be valid for a period of 60 days pending approval and awarding of contract.

Quoted price should not include any sales or use tax, but should only reflect the actual bid price of the service.

Cape Fear Public Utility Authority reserves the right to reject any and/or all bids received, or to select the proposal which, in our opinion, is in the best overall interest of CFPUA.

Proposals will be evaluated by determining the lowest responsible, responsive bidder considering:

- Accuracy of bid submittal
- Character, integrity, reputation, judgment, experience and efficiency of bidder.
- Any past performance history

All proposals must be signed.

This Request for Proposal and all proposer responses are considered public information, except for trade secrets specifically identified in writing by the Proposer, which will be handled according to State Statute or other laws. Any section of the Proposer's response package that is deemed to be a trade secret by the Proposer shall be submitted in a separate envelope clearly marked "TRADE SECRET INFORMATION-DO NOT DISCLOSE."

NCGS 143-131 specifies that informal bids are not subject to public inspection until the contract is awarded.

#### Purpose:

The Authority provides water and sewer utilities for the greater portion of New Hanover County.

Cape Fear Public Utility Authority is seeking cost proposals for Well Maintenance Services. This contract will cover general maintenance and service of the Authority's existing Wells, to include routine maintenance and repairs, and emergency repair work. The Contractor would be working closely with the Authority's Operations staff.

The Authority has approximately seventy (70) existing wells; thirty-one (31) wells are large wells and the remainder are monitoring wells. The majority of the larger wells have lines and pumps that are 8" or larger. There are both vertical and horizontal turbine pumps.

#### Scope:

The bidder must complete all the Proposal Sheets provided in this RFP. Additionally, the contractor shall provide additional information and rates on capabilities and services not realized in the proposal sheet.

Contractor's proposal is to provide a rate schedule to include at a minimum the following:

- 1. Hourly rate schedule
- 2. After hours rate schedule
- 3. Equipment rates: (i.e.: crane trucks, special tools, etc.)

Contractor's proposal is to provide the capabilities for all well related services to include at a minimum:

- 1. Single and three phase motor repair
- 2. Single and three phase motor replacement
- 3. Pump repairs
- 4. Turbine pump repairs, Vertical and Horizontal
- Monitoring and well drilling
- 6. Well Cleaning
- 7. Well Inspections and down-well camera abilities
- 8. Permitting
- 9. Flow analysis and in-house predictive and calculation abilities
- 10. Crane truck availability
- 11. Owner Advocate for other well-related work
- 12. Conduct failure evaluation, to assess and repair asset(s) as it may relate to the well system hydrology and/or planned future projects

Services solicited include, but are not limited to:

1. Contractor will furnish all labor, parts, equipment, safety equipment, and supplies necessary for proper well maintenance.

- 2. Bidder must be registered with the North Carolina Secretary of State to do business in North Carolina, have an NC Public Utilities License, and 10-hour or 30-hour OSHA Training (preferred but not required).
- 3. Bidder must provide proof of Level A Certifications to work on wells and well pumps in North Carolina, have Level A Certified drillers on staff, and have an NC Professional Geologist on staff. Bidder should also provide proof of any NC Licensure that they may have.
- 4. Abilities to consult CFPUA on their internal analytical well system model and apply the appropriate knowledge to system operations.
- 5. Scheduled CFPUA Equipment service shall have priority treatment.
- 6. Repair work beyond Routine Maintenance. Contractor will notify CFPUA of all potential work beyond routine maintenance with a written estimate. The written estimate is to be submitted to and approved in writing by CFPUA staff, prior to proceeding with any work.
- 7. Contractor will notify CFPUA of all potential manufacturer warranty work.
- 8. Contractor agrees to maintain an up-to-date file on all cost and charges incurred in the maintenance of each piece of Authority equipment.
- 9. Contractor agrees to make available to the Authority: a work or service order signed (and printed) by a CFPUA employee upon execution of the service.
- 10. Non-emergency service must have a response time of 5 working days or less, unless approved by the CFPUA designated employee.
- 11. Emergency services must have an on-site response time of 3 hours or less, unless approved by the CFPUA designated employee
- 12. Criteria for award will include, but may not be limited to, accuracy of bid submittal, bidder's ability and capacity to provide equipment repairs, promptness of service and response time, references, and price
- 13. In the event of an extreme emergency requiring immediate attention, CFPUA reserves the right to have services performed by another party, if contractor cannot provide the immediate support required.

Please record your price proposals on the attached Cost Proposal Sheet.

Please provide any other options and services you offer on Contractor letterhead. Certification levels of your mechanics and specialty diagnostic equipment should be addressed in your proposal on a separate sheet.

All Proposals are subject to renewal each year, upon mutual agreement. Initial term of agreement will be twelve (12) months, with the option to renew after annual review, for up to three (3) additional twelve (12) month terms. See draft service agreement document for more information.

It is the bidder's responsibility to be sure the Bid arrives by the submission deadline. NCGS 143-131 specifies that informal bids are not subject to public inspection until the contract is awarded.

## PROPOSAL SHEET WELL MAINTENANCE RFP # 26S0422

The bidder must complete all the Proposal Sheets provided in this RFP. Incomplete forms will result in disqualification of the bid. On Contractor's letterhead, the bidder shall provide additional information, rates, capabilities and services not realized in the Proposal Sheet.

| Bidding Company's Name:                           |                                                                                                         |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|
|                                                   | ies, safety equip, tools and mobilization / travel fees, waste<br>onal shop, environmental or fuel fees |
| arross, and arry addition                         | That on op, on who had not raid to oo                                                                   |
| Rates:                                            |                                                                                                         |
| \$ per hour for<br>Friday                         | man crew with support truck for regular business hours, Monday –                                        |
| \$per hour for<br>weekends and holidays           | _man crew with support truck for after business hours, including                                        |
| Materials Mark Up:                                | _% over supplier cost of item.                                                                          |
| On separate Contractor's letterhea                | d list all available equipment and <u>hourly</u> rates.                                                 |
| On separate Contractor's letterhea project rate.  | d list additional services the Bidder can provide and the <u>hourly or per</u>                          |
| Addenda Statement: Receipt of any addendum to the | bid is acknowledged:                                                                                    |
| Addendum No.:                                     | Date:                                                                                                   |
| Addendum No:                                      | Date:                                                                                                   |
| Bidder Submittals:                                |                                                                                                         |

Proposal Sheet, References, Additional Equipment w/Hourly Rates, Additional Services,

Additional Fees and copy of Licenses or Certifications

The undersigned hereby certifies that this bid is made without prior understanding, agreement or connection with any person(s), firm(s) or corporation(s) making bids or proposals. The bidder further certifies that he/she is not suspended or debarred from bidding by any federal, state, or local agency and that, if awarded this contract, he/she will abide by all specifications, provisions and conditions contained in the bid invitation.

## Please provide the following information on your company:

| Company Legal Name:                            |                         |        |      |  |
|------------------------------------------------|-------------------------|--------|------|--|
| Mailing Address:                               |                         |        |      |  |
| City, State, Zip:                              |                         |        |      |  |
| Phone:                                         |                         | Email: |      |  |
| Printed Name:                                  |                         | Title: |      |  |
| Signature:                                     |                         | Date:  |      |  |
|                                                |                         |        |      |  |
| Type of Company:                               |                         |        |      |  |
| check one                                      |                         |        |      |  |
| Sole Proprietor                                |                         |        |      |  |
| Partnership                                    |                         |        |      |  |
| Corporation                                    | State of incorporation: |        |      |  |
| _LLC                                           | State of incorporation: |        |      |  |
| Is your company a minority owned company?YesNo |                         |        |      |  |
| If so is itMBE                                 | WBE                     | HUB    | _DBE |  |

#### **QUESTIONNAIRE FOR RFP #26S0422**

## This information will be used in the proposal evaluation process.

| 1.                                                                                                                                                                                                                                                                                                                                                   | Number of Years Company has                                                                                                              | umber of Years Company has been in business? |                       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|--|--|
| 2.                                                                                                                                                                                                                                                                                                                                                   | Please attach a copy of your business license or provide license number:                                                                 |                                              |                       |  |  |
| 3.                                                                                                                                                                                                                                                                                                                                                   | Professional associations and memberships and/or other community involvement                                                             |                                              |                       |  |  |
| 4.                                                                                                                                                                                                                                                                                                                                                   | Number of people employed                                                                                                                |                                              |                       |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                   | Average years of experience _                                                                                                            |                                              |                       |  |  |
| 6.                                                                                                                                                                                                                                                                                                                                                   | Total number of certified techni                                                                                                         | cians                                        |                       |  |  |
| 7.                                                                                                                                                                                                                                                                                                                                                   | List any additional services that your company can provide outside of normal well servicing work (example: machine shop, plumbing, etc.) |                                              |                       |  |  |
| 8. List any item that you would have to "Sublet" if found during Maintenance, list to you normally outsource this work to and the percent over your cost that you will of for sublet services. Note: Awarded Contractor will not be reimbursed for outso that they can perform in-house. All sublet items must be listed below. (Attach sif needed.) |                                                                                                                                          |                                              |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                      | Contractor                                                                                                                               | Service                                      | Markup % for Services |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                              |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                              |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                              |                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                          |                                              |                       |  |  |

9. As an authorized equipment repair provider, you will be asked to certify that you believe the estimated repairs made to the equipment are the minimum repairs necessary to make the

|     | to? Yes No                                                                                                                                                                                                                                                 | d safe. Is this sometr | ning your business | would be willing to attest |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|----------------------------|--|
| 10. | Can you provide a certificate of insurance covering the limits of insurance described in the Draft Service Agreement? Yes No                                                                                                                               |                        |                    |                            |  |
| 11. | Can you comply with the response times required in the <u>Scope</u> : Services solicited? Yes  No                                                                                                                                                          |                        |                    |                            |  |
| 12. | 2. The awarded contractor will be required to enter into a Contract for Services with the CFPUA.  A sample of the Contract is attached for review. Will you be able to comply with the terms and conditions of the Contract and sign such Contract? Yes No |                        |                    |                            |  |
| 13. | 3. Providers will be required to submit itemized invoices detailing the cost per part, the number of labor hours and hourly rates per service, as well as sales tax. Will you be able to provide itemized invoices for reimbursement? Yes No               |                        |                    |                            |  |
| 14. | . What are your regular day                                                                                                                                                                                                                                | s and hours of operati | on?                |                            |  |
| 15. | 5. Is your business an authorized sales or service center for a particular brand of pump, well parts, etc.? Yes No If so what make(s)                                                                                                                      |                        |                    |                            |  |
| 16. | 6. Provide three references of similar size work scope in the last 5 years:                                                                                                                                                                                |                        |                    |                            |  |
|     | Business Name                                                                                                                                                                                                                                              | Contact Name           | Phone Number       | Address                    |  |
|     |                                                                                                                                                                                                                                                            |                        |                    |                            |  |
|     |                                                                                                                                                                                                                                                            |                        |                    |                            |  |
|     |                                                                                                                                                                                                                                                            |                        |                    |                            |  |
| 15. | . What are your business co                                                                                                                                                                                                                                | ontact phone numbers   | :                  |                            |  |
|     | Business hours:                                                                                                                                                                                                                                            |                        |                    |                            |  |
|     | After hours / emergency:                                                                                                                                                                                                                                   |                        |                    |                            |  |