

**Lift Station Rehabilitation Project 2017 Phase I
RFB NO. 2017-29**

BIDDER CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

ITEM #	SUBMITTAL	BIDDERS RESPONSE		
		INCLUDED		
		YES	NO	N/A or OTHER
1	Bidder has completed, signed and/or notarized all required and included this checklist with bid submittal	X		
2	State of Florida Registration: Proposer shall be registered with the State of Florida to perform the professional services required for this proposal. A copy of Registration <u>must</u> be included with submission. If Other, explain on a separate sheet.	X		
3	Bid Form: Totals provided and signed by Binding authority	X		
	Acknowledge addenda signed by Binding authority	X		
	Bid Schedule: Completed (entered an amount in every line item) signed by Binding authority	X		
4	Statement of Organization: completed, signed and notarized	X		
5	References: Completed and signed	X		
6	Conflict of Interest: Completed and signed	X		
7	Equipment and Source of Supply/Subcontractors: Completed	X		
8	• 'Affidavit Claiming 'Local Business' OR			X
	• 'North Port Local Business' OR			X
	• If neither 'X-through the documents'			X
9	Drug-Free Workplace (If Applicable): Completed and signed	X		
	Florida Trench and Safety Affidavit (If Applicable): Completed and signed	X		
10	Public Entity Crime Information: Completed, signed and notarized	X		
11	Non-Collusive Affidavit: Completed, signed and notarized	X		
12	No Lobbying Affidavit: Completed, signed and notarized	X		
13	Bid Bond (Attached)	X		
14	Number of Originals: 1 (signed)	X		
15	Number of copies: 1 (signed)	X		
16	USB Flash Drive: One (1) electronic version in Portable Document Format (PDF) or Flash Drive containing the entire submittal.	X		
17	Insurance Certificate Bidder has reviewed all the insurance requirements and is able to provide a certificate	X		
18	Credit Cards Does your company accept Credit Card Payments		X	
19	LABEL FOR SEALED BID: RFB NO. 2017-29 LIFT STATION REHABILITATION PROJECT 2017 PHASE I City of North Port Finance Department/Purchasing Division Alla V. Skipper, CPPB, Senior Contract Specialist 4970 City Hall, Suite 337 North Port, Florida 34286	X		

THIS PAGE MUST BE COMPLETED AND SUBMITTED

Lift Station Rehabilitation Project 2017 Phase I
RFB NO. 2017-29

BID FORM

Name of Bidder: U.S. Water Services Corporation

Business Address: 4939 Cross Bayou Boulevard, New Port Richey FL 34652

Telephone Number: (727) 848 8292 Fax Number: (727) 849 8860

E-mail Address: ccrego@uswatercorp.net

Contractor License #: CUC1223914 (Underground Utility & Excavation), CGC003307 (General Contractor)

FEID #: 20-0008821

To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the place where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expendable equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in a workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the plans and specifications and other Contract documents for the prices hereinafter set forth.

The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Insurance Requirements, Bid Form, Permit Fees, M.O.T., Plan Revisions, Plans and any other documentation for: **LIFT STATION REHABILITATION PROJECT 2017 PHASE I** and further agrees to furnish all items listed on the attached Bid Form in accordance with the Lump Sum price submitted. The above specified documents are herein incorporated into the Bid Form.

The undersigned as bidder, declares that the only persons or parties interested in this submittal as principals are those named herein; that this submittal is made without collusion with any person, firm, or corporation; and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the CITY in the form set forth in the Contract documents and that he/she will accept in full payment thereof the following prices, to wit:

TOTAL BID PRICE:

One hundred seventy five thousand five hundred ninety four and seven cents (TYPE/PRINT) \$ 175,594.07 (NUMERIC)

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE: Victoria Penick, Senior Vice President

This page must be completed and submitted

ALL BID-PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

Lift Station Rehabilitation Project 2017 Phase I
RFB NO. 2017-29

Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than **NINETY (90) DAYS** from the date of the official bid opening.

Enclosed is a cashier's check or bid bond in the amount of \$ "Bidder's Bond" (insert the word(s) "Bidder's Bond", or "Cashier's Check", as the case may be) **in an amount equal and not less than 5%** of the total amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all bidders after award of bid. **Note: Failure to submit a 5% bid bond will be cause for rejection of bid.**

The undersigned deposits the above-named security as a bid guarantee and agrees that it shall be forfeited to the City as liquidated damages in case this proposal is accepted by the City and the undersigned fails to execute a contract with the City as specified in the contract documents accompanied by the required labor and material and faithful performance bonds with sureties satisfactory to the City, and accompanied by the required certificates of insurance coverage. Should the City be required to engage the services of an attorney in connection with the enforcement of this bid, bidder promises to pay City's reasonable attorneys' fees incurred with or without suit.

PERFORMANCE AND PAYMENT BOND: The undersigned agrees, if awarded this bid, to furnish a **Performance and Payment Bond** in the amount of 100% of the total project price within ten (10) calendar days after notification of award to the Purchasing Department. The undersigned shall be responsible and bear all costs associated to record Performance and Payment Bond with Sarasota County Clerk's Office. Receipt of said recording and a certified copy of the Bond shall be furnished to the Purchasing Department at the time of the pre-construction meeting.

All contract documents (i.e.; performance and payment bond, cashier's check, bid bond) shall be in the name of "City of North Port".

The successful bidder shall be responsible for furnishing all equipment, labor, materials and tools required for the Neighborhood Expansion Pilot Program in accordance with the plans and specifications so entitled, prepared by the Utilities Department.

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

Addendum No. _____ Dated _____
Addendum No. _____ Dated _____
Addendum No. _____ Dated _____

Addendum No. _____ Dated _____
Addendum No. _____ Date _____
Addendum No. _____ Dated _____

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE:  Victoria Penick, Senior Vice President

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ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

REQUEST FOR CHANGE/EXCEPTION/BRAND NAMES/APPROVED EQUAL FORM

THIS FORM MUST BE USED FOR REQUESTED CLARIFICATIONS, CHANGES, EXCEPTIONS, SUBSTITUTES OR APPROVAL OF ITEMS EQUAL TO ITEMS SPECIFIED WITH A BRAND NAME AND MUST BE SUBMITTED ADDENDA DUE DATE, AS SPECIFIED IN "QUESTIONS, CLARIFICATIONS, ALTERNATES AND OMISSIONS." PROS/CONS AND OTHER JUSTIFICATIONS SHALL BE EXPLAINED BELOW. TECHNICAL AND ALL OTHER SUPPORTING INFORMATION SHALL BE ATTACHED.

Brand names where used in the technical specifications, are intended to denote the standard of quality and performance required of the particular material or product. The term "equal" or "equivalent", when used in connection with brand names, shall be interpreted to mean a material or product that is similar and equal in type, quality, size capacity, composition, finish, color and other applicable characteristics to the material or product specified by trade name, and that is suitable for the same use and capable of performing the same function, in the opinion of the City's Engineer of Record, as the material or product so specified. The City's Engineer of Record must approve proposed equal items before they are purchased or incorporated in the Work.

SPECIFIED ITEM:

Section: _____ Page: _____ Paragraph: _____

QUESTION/CLARIFICATION, EXCEPTION/DEVIATION OR APPROVED EQUAL:

Description: _____
(Use additional sheets, if necessary)

Submitted by: _____ (Print Name) _____ (Signature)
_____ (Firm Name) _____ (Telephone)
_____ (E-mail)

Attach product description, specifications, drawings, photographs, performance and test data for evaluation of the request with applicable portions of the data clearly identified.

AGENCY ACTION (For use by ENGINEER/CONSULTANT):

REQUEST #: _____

Accepted _____ Not Accepted: _____ Received Too Late: _____

See Addendum _____ See Response Below: _____

SUMMARY OF PAYITEMS

It is understood that the estimated summary of pay item quantities are approximate only and are solely for the purpose of facilitating the comparison of bids, and that the Contractor's compensation shall be computed upon the basis of the actual quantities in the completed work, whether they be more or less than those shown.

Preparation of Bid Schedules: Bids must be submitted on the Bid Schedule included in this specification. All blank spaces in the Bid Form must be filled in legibly and correctly in ink. *Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the blocks. Bidder must identify a monetary amount for each UNIT PRICE line item and the extended price. If vendor is not providing a bid price for an item, zero (0) must be designated on that line item. Failure to identify a monetary amount in any of the UNIT PRICE line items may cause bidder's to be deemed non-responsive and bid response be rejected.* In case of discrepancy between unit price and extended price, the unit price will govern. Apparent errors in extension will be corrected.

ITEM	QTY	UNIT	TOTAL PRICE
1. LIFT STATION 70	1	LS	\$ 56,295.21
2. LIFT STATION 31	1	LS	\$ 63,756.73
3. LIFT STATION 4	1	LS	\$ 55,542.13
			\$ 175,594.07

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE: *V. Penick* Victoria Penick, Senior Vice President

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**Lift Station Rehabilitation Project 2017 Phase I
RFB NO. 2017-29**

EQUIPMENT

Equipment is located at: U.S. Water Services Corporation Fort Myers Office

The following is a listing of your equipment, inclusive of manufacturer, year and condition. Condition shall be listed in accordance with the following scale: 1-Excellent; 2-Good; 3-Fair; 4-Poor.

(Attach additional sheets, if required.)

Equipment	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)
Crane Truck	Auto Crane	2007	2	Owned
Mini Excavator	Bobcat	2007	2	Owned
Utility Trailer	Big Tex	2010	2	Owned

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the LIFT STATION REHABILITATION PROJECT 2017 PHASE I. If bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval. (If not applicable, state N/A).

SUPPLIER(S)

1. Ferguson Waterworks, 1601 Sarasota Center Blvd., Sarasota, FL 34240, (941) 3798989
2. Cast Systems, 14400 Peachland Blvd, Port Charlotte, FL 33948, (941) 625-3474
3. Paints and Coatings, 17660 East St, North Ft. Myers, FL 33917, (239) 997-6645
4. Xylem, 5771 County Lanes Dr., Fort Myers, FL 33905, (239) 693-5226

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE: *V. Penick* Victoria Penick, Senior Vice President

This page must be completed and submitted
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EQUIPMENT

Equipment is located at: U.S. Water Services Corporation Fort Myers Office

The following is a listing of your equipment, inclusive of manufacturer, year and condition. Condition shall be listed in accordance with the following scale: 1-Excellent; 2-Good; 3-Fair; 4-Poor.

(Attach additional sheets, if required.)

Equipment	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)
Crane Truck	Auto Crane		2	Owned
Mini Excavator	Bobcat		2	Owned
Utility Trailer	Big Tex		2	Owned

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **LIFT STATION REHABILITATION PROJECT 2017 PHASE I**. If bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval.

(If not applicable, state N/A).

SUPPLIER(S)

1. Ferguson Waterworks, 1601 Sarasota Center Blvd., Sarasota, FL 34240, (941) 379-8989
2. Cast Systems, 14400 Peachland Blvd., Port Charlotte, FL 33948, (941) 625-3474
3. Paints and Coatings, 17660 East St., North Ft. Myers, FL 33917, (239) 997-6645
4. Xylem, 5771 County Lanes Dr., Fort Myers, FL 33905, (239) 693-5226

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE:  Victoria Penick, Senior Vice President

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LIFT STATION REHABILITATION 2017 PROJECT PHASE 1

RFB NO. 2017-29

SUBCONTRACTOR FORM

The following subcontractors shall be used for the LIFT STATION REHABILITATION 2017 PROJECT PHASE 1. If bidder does not have a subcontractor, insert "to be determined." When determined, selection will be subject to City approval. All subcontractors are subject to City approval. (if not applicable, state N/A).

Subcontractor Name	Subcontract to Whom	Work Description	Total Amount Sublet	Percent of total contract
Paints and Coatings		Well wells lining	\$55,764.46	31.76%

Subcontractor Name	Address	Contact Name	Contact Number	Contact email
Paints and Coatings	17660 East Street, NFI, FL 33917	Carl Loguickera	(259) 633-3456	carl@paintsandcoatings.net

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE: *V. Penick* Victoria Penick, Senior Vice President

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MINIMUM QUALIFICATIONS AND REFERENCE FORM

The Bidder (Company) shall have been in **COMMERCIAL CONSTRUCTION BUSINESS WITH EXPERIENCE** in projects involving water distribution infrastructure or other similar structures. Bidder shall demonstrate successful completion of three (3) projects completed within the past five (5) years of similar size and scope to the LIFT STATION REHABILITATION 2016 PROJECT PHASE I. Contractor shall submit a minimum of three (3), no more or less, recent (within the past five (5) years) references of projects of similar size and scope. All three (3) references shall be directly applicable to the scope of work for this Project. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date.

1. Business/Customer Name: Manatee County
Name of Contact Person: Deborah Carey-Reed Position Contract Buyer
E-mail Address: deborah.carey-reed@mymanatee.org Telephone# (941) 749 3074
Project Description/Location: Satellite Lift Station R&R 2014, Group 3 - Manatee County FL

Contract Term: From 05/11/2015 TO 01/08/2016

Contract Price \$ 307,922.07 Contract Price at Completion of the Project \$ 279,637.44

Contractor: U.S. Water Services Corporation

Project Description (Including number of stations, size, depths, and materials.):

Rehabilitation of (4) sewage lift stations including replacement of discharge piping, fittings, valves, swing check valves, guide rails, pipe bracing, base ells, mounting plates, wet well cleaning, wet well lining, and/ or wet well valve vault top replacement.

Personnel Qualifications and Experience (Attach additional information if necessary.):

Ralph Amiot - Director of maintenance services - 20 years of experience relating to maintenance and rehabilitation of water and wastewater systems

David Martin - Rehabilitation and maintenance service manager - More than 15 years of experience on maintenance and rehabilitation of lift stations

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE: Victoria Penick

Victoria Penick, Senior Vice President

This page must be completed and submitted

2. Business/Customer Name: City of Cape Coral

Name of Contact Person: Jody Sorrels Position Contract Admin

Email Address: jsorrels@capecoral.net Telephone# (239) 574 0831

Project Description/Location: Lift Station 126, 201, 205, 206, 207, 212, & 404 Collection
Collection System Improvements - Cape Coral FL

Contract Term: From 09/20/2013 TO 12/31/2015

Contract Price \$1,281,059.49 Contract Price at Completion of the Project \$1,283,074.35

Contractor: U.S. Water Services Corporation

Project Description (Including number of stations, size, depths, and materials.):

The work included refurbishment of (7) lift stations, which included replacement
of discharge piping, fittings, valves, swing check valves, guide rails, pipe bracing,
bases, mounting plates, wet well cleaning, wet well lining and/or wet well/valve
vault top replacement

Personnel Qualifications and Experience (Attach additional information if necessary.):

Lina M. Quintero P.E. - Regional Manager - Project manager for this
project, over 11 years of experience in bidding, permitting, design and maintenance
in different projects involving environment, water and wastewater

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE:  Victoria Penick, Senior Vice President

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3. Business/Customer Name: City of Tampa

Name of Contact Person: Michelle Mitchell Position Contract Admin

Email Address: michele.mitchell@tampagov.net Telephone# (813) 635 3417

Project Description/Location: Wastewater Miscellaneous Pump Station Repairs
Tampa FL

Contract Term: From 01/08/2014 To 03/31/2015

Contract Price \$ 538,290.00 Contract Price at Completion of the Project \$ 537,635.13

Contractor: U.S. Water Services Corporation

Project Description (Including number of stations, size, depths, and materials.):

The project comprises furnish all labor, materials and equipment for the repair of (17) pumping stations. The repairs include the removal and replacement of existing pump bases, discharge piping, valves, and fittings. Work also includes installing bypass tee and valves essential for bypassing the stations.

Personnel Qualifications and Experience (Attach additional information if necessary.):

Ralph Amiot - Director of maintenance services - Over 20 years of experience relating to maintenance and rehabilitation of water and wastewater systems

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE:  Victoria Penick, Senior Vice President

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STATEMENT OF ORGANIZATION

Name of Business: U.S. Water Services Corporation

DBA (if any): _____

Type of Entity (Sole Proprietor, Corporation, LLC, LLP, Partnership, etc): Corporation

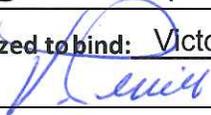
Business Address: 4939 Cross Bayou Boulevard, New Port Richey FL 34652

Mailing Address (If applicable): Same as above

Phone: (727) 848 8292 Ext 222 Fax: (727) 849 8860

E-Mail: ccrego@uswatercorp.net Name/Title

of person authorized to bind: Victoria Penick, Senior Vice President

Signature: 

Are you registered with the State of Florida Department of State? Yes or No

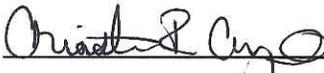
If yes, what is your State document number? 9754

Respondent shall submit proof that it is authorized to do business in the State of Florida unless registration is not required by law.

STATE OF Florida
COUNTY OF Pasco

Sworn to and subscribed before me this 6th day of February, 2017, by Victoria Penick
who is personally known to me or has produced his/her driver's license as identification.




Notary Public - State of Florida
Print Name: Christina R. Crego
Commission No: GG062136

This page must be completed and submitted

CONFLICT OF INTEREST FORM

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

PART I.

- I am an employee, public officer or advisory board member of the City
_____ (List Position Or Board)
- I am the spouse or child of an employee, public officer or advisory board member of the City
Name: _____
- An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.
Name: _____
- Respondent employs or contracts with an employee, public officer or advisory board member of the City
Name: _____
- None Of The Above

PART II:

Are you going to request an advisory board member waiver?

- I will request an advisory board member waiver under §112.313(12)
- I will NOT request an advisory board member waiver under §112.313(12)
- N/A

The City shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any bidders whose conflicts are not waived or exempt.

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE:  Victoria Penick, Senior Vice President

This page must be completed and submitted

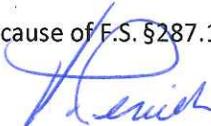
ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, or Consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

I, Victoria Penick being an authorized representative of the Respondent, U.S. Water Services Corporation located at 4939 Cross Bayou Boulevard

City: New Port Richey State: Florida Zip Code: 34652, have read and understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133.

Signature:  Date: 02/06/2017

Telephone #: (727) 848 8292 Ext 222 Fax #: (727) 849 8860

Federal ID #: 20-0008821

STATE OF Florida
COUNTY OF Pasco

Sworn to and subscribed before me this 6th day of February, 2017, by Victoria Penick who is personally known to me or has produced his/her driver's license as identification.




Notary Public - State of Florida

Print Name: Christina R. Crego

Commission No: GG062136

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of Pasco

SS. }
}

Before me, the undersigned authority, personally appeared: Victoria Penick
who, being first duly sworn, deposes and says that:

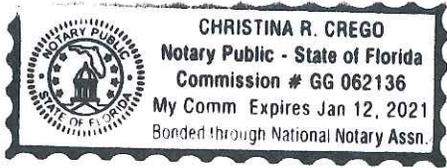
1. He/She is the Senior Vice President (Owner, Partner, Officer, Representative or Agent) of U.S. Water Services Corporation, the Respondent that has submitted the attached reply;
2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;
3. Such reply is genuine and is not a collusive or sham reply;
4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any Respondent, firm, or person to fix the price or prices in the attached reply or of any other Respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other Respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this 6th day of February, 2017.

By: *Victoria Penick*
Victoria Penick
(Printed Name)
Senior Vice President
(Title)

STATE OF Florida
COUNTY OF Pasco

Sworn to and subscribed before me this 6th day of February, 2017, by Victoria Penick who
 is personally known to me or has produced his/her driver's license as identification.



Christina R. Crego
Notary Public - State of Florida
Print Name: Christina R. Crego
Commission No: GG062136

COMPANY: U.S. Water Services Corporation

PRINT NAME/TITLE: Victoria Penick, Senior Vice President

This page must be completed and submitted

DRUG FREE WORKPLACE FORM

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that U.S. Water Services Corporation does:

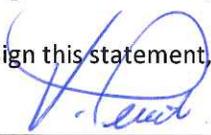
(Company Name)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that Respondent complies fully with the above requirements.

Check one:

- As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.
- As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.



Signature

Victoria Penick, Senior Vice President
Print Name

02/06/2017
Date

This page must be completed and submitted

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SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT

(Complete if applicable)

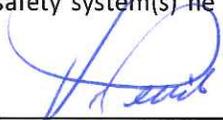
THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This Sworn Statement is submitted with Bid No. 2017-29 for the construction of Lift Station Rehabilitation 2016 Project Phase I.
2. This Sworn Statement is submitted by U.S. Water Services Corporation whose business address is 4939 Cross Bayou Boulevard, New Port Richey Fl 34652 and (if applicable) its Federal Employer Identification Number (FEIN) is 20-0008821.
3. My name is Victoria Penick
(PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of Senior Vice President with the above entity.
4. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.
5. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the City, and any of their agents or employees from any claims arising from the failure to comply with said standard.
6. The undersigned has appropriated \$ 50.00 per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: Standard Trench Box
7. The undersigned has appropriated \$ 100.00 per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures: Standard Shoring
8. The undersigned, in submitting this Bid, represents that he or she has reviewed and considered all available geotechnical information and made such other investigations and tests as he or she may deem necessary to adequately design the trench safety system(s) he or she will utilize on this Project.

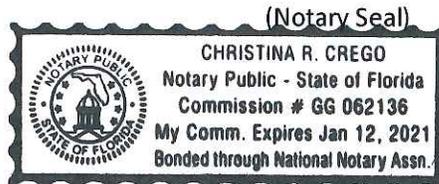
Sworn to and subscribed before me

this February 2, 2017
(date)

My Commission Expires: January 12, 2021


Authorized Signature/Title
Senior Vice President


Notary Public Signature



LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":

STATE OF Florida

COUNTY OF Pasco

This 6th day February of 2017 Victoria Penick, being first duly sworn, deposes and says that he or she is the authorized representative of U.S. Water Services Corporation (Name of the contractor, firm or individual), and that the vendor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the city in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the city. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a time as the Commission has made a final and conclusive determination.

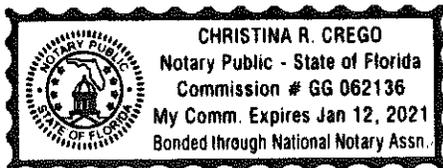
- (a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.
- (b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed, sealed and delivered this 6th day of February, 2017.

By: *Victoria Penick*
Victoria Penick
 (Printed Name)
Senior Vice President
 (Title)

STATE OF Florida
COUNTY OF Pasco

Sworn to and subscribed before me this 6th day of February, 2017, by Victoria Penick who is personally known to me or has produced his/her driver's license as identification.



Christina R. Crego
 Notary Public - State of Florida
 Print Name: Christina R. Crego
 Commission No: GG062136

THIS PAGE MUST BE SUBMITTED WITH BID

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310
Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we
U. S. Water Services Corporation (Here insert full name and address or legal title of Contractor)

4939 Cross Bayou Blvd. New Port Richey, FL 34652

as Principal, hereinafter called the Principal, and (Here insert full name and address or legal title of Surety)

Fidelity and Deposit Company of Maryland

1400 American Lane, Tower 1, 19th Floor Schaumburg, IL 60196

a corporation duly organized under the laws of the State of MD

as Surety, hereinafter called the Surety, are held and firmly bound unto

City of North Port, Finance Department / Purchasing Division

(Here insert full name and address or legal title of Owner)

4970 City Hall Blvd, Suite 302 North Port, FL 34286

as Obligee, hereinafter called the Obligee, in the sum of

Five Percent of the Bid Amount

Dollars (\$ 5.00%)

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, The Principal has submitted a bid for

(Here insert full name, address and description of project)

2017-29, Lift Station Rehabilitation Project 2017 Phase I

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 6th

day of February 2017

(Witness)

U. S. Water Services Corporation

(Principal) (Seal)

Victoria Penick (Title) Senior Vice President
Fidelity and Deposit Company of Maryland

(Surety) (Seal)

(Witness)

April L. Lively Attorney-in-Fact

Licensed Resident Agent State of FL

Inquiries: (407) 834-0022

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 6th day of February, 20 17



Gerald F. Haley

Gerald F. Haley, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT ALL REQUIRED INFORMATION TO:

Zurich American Insurance Co.
Attn: Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. U.S. Water Services Corporation		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 4939 Cross Bayou Blvd		Requester's name and address (optional)
	6 City, state, and ZIP code New Port Richey, FL 34652		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																						
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																						
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																						
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;">-</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">8</td><td style="width: 20px;">8</td><td style="width: 20px;">2</td><td style="width: 20px;">1</td></tr> </table>	Social security number																		Employer identification number									2	0	-	0	0	0	8	8	2	1
Social security number																																						
Employer identification number																																						
2	0	-	0	0	0	8	8	2	1																													

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	
Sign Here	Signature of U.S. person ▶ Date ▶ 02/06/2017

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/27/2016

PRODUCER 888-494-9844 LOUIS MORRISON LOUIS J. MORRISON C & C CONSULTANTS P O BOX 701340 ST CLOUD, FL 34770-1340	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED U.S WATER SERVICES CORPORATION 4939 CROSS BAYOU BOULEVARD NEW PORT RICHEY, FL 34652	INSURER A: ARCH INSURANCE COMPANY	
	INSURER B: ALLIED WORLD ASSURANCE COMPANY	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GWPKG0077211	11/30/16	11/30/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GWPKG0077211	11/30/16	11/30/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	GWFXS0077206 EXCESS OF GENERAL LIABILITY, AUTO LIABILITY & EMPLOYERS LIABILITY	11/30/16	11/30/17	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER CONTRACTORS POLLUTION LIABILITY PROFESSIONAL LIABILITY	0310-1627	5/26/16	5/26/17	\$5,000,000 LIMIT/\$5,000,000 AGG \$2,000,000 LIMIT/\$2,000,000 AGG

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE
 POLICY NO: GWPKG0077211 & GWFXS0077206
 TERM: 11/30/16-11/30/17
 POLICY NO: 0310-1627
 TERM: 5/26/16-5/26/17

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Licensee Details

Licensee Information

Name: **U.S. Water Services Corporation (Primary Name)**
Main Address: **4939 CROSS BAYOU BOULEVARD
SUITE 2
NEW PORT RICHEY Florida 34652**
County: **PASCO**

License Mailing:

License Location:

License Information

License Type: **Certificate of Authorization**
Rank: **Cert of Auth**
License Number: **9754**
Status: **Current, Active**
License Date: **07/31/2003**
Expires: **02/28/2017**

Special Qualifications Qualification Effective

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

[1940 North Monroe Street, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.



State of Florida
Board of Professional Engineers
2639 North Monroe Street, Suite B-112
Tallahassee, FL 32303-5268

U.S. Water Services Corporation
4939 CROSS BAYOU BOULEVARD
SUITE 2
NEW PORT RICHEY, FL 34652

Each licensee is solely responsible for notifying the Florida Board of Professional Engineers in writing the licensee's current address.

Name changes require legal documentation showing name change. An original, a certified copy, or a duplicate of an original or certified copy of a document which shows the legal name change will be accepted unless there is a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.

At least 90 days prior to the expiration date shown on this license, a notice of renewal will be sent to your last known address. If you have not yet received your notice 60 days prior to the expiration date, please call (850) 521-0500, or write, Florida Board of Professional Engineers, 2639 North Monroe Street, Suite B-112, Tallahassee, FL 32303-5268 or e-mail: board@fbpe.org. Our website address is <http://www.fbpe.org>.

State of Florida

Board of Professional Engineers

Attests that

U.S. Water Services Corporation



is authorized under the provisions of Section 471.023, Florida Statutes, to offer engineering services to the public through a Professional Engineer, duly licensed under Chapter 471, Florida Statutes.

Expiration: 2/28/2017

Audit No: 228201700130

CA Lic. No:

9754

State of Florida

Department of State

I certify from the records of this office that U.S. WATER SERVICES CORPORATION is a corporation organized under the laws of the State of Florida, filed on April 30, 2003, effective April 28, 2003.

The document number of this corporation is P03000047833.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 15, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-first day of July, 2016*



Ken Detzner
Secretary of State

Tracking Number: CU5311453556

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER

CGC003307

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

DELCHER, CECIL R
U S WATER SERVICES CORPORATION
4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY FL 34652



ISSUED: 08/03/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608030001692



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

DEREMER, GARY ANDREW
US WATER SERVICES CORPORATION
4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY FL 34652

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER
CUC1223914

The UNDERGROUND UTILITY & EXCAVATION CO
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



DEREMER, GARY ANDREW
US WATER SERVICES CORPORATION
4821 US HWY 19 STE 2
NEW PORT RICHEY FL 34652



ISSUED: 07/10/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607100001757