

CITY OF OWOSSO BID TABULATION SHEET

DATE 9/19/2017

DEPT. WTR

SUBJECT: **Hintz Well-Field Rehabilitation**

				Ed Birkmeier Well Drilling 9471 Genessee Street New Lothrop, MI 48460		Northern Pump & Well, Inc. 6837 W. Grand River Ave. Lansing, MI 48906		Peerless Midwest Inc. 505 Apple Tree Drive Ionia, MI 48846	
ITEM #	DESCRIPTION	EST. QTY	UNIT	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
1	Cost for Hydrogeologist Services	1		\$ 17,851.00	\$ 17,851.00	7,700.00	\$ 7,700.00	\$ 21,600.00	\$ 21,600.00
2	Cost for mobilization			\$ 1,100.00	\$ 2,200.00	1,800.00	\$ 1,800.00	\$ 9,300.00	\$ 18,600.00
3	Cost for bucket auguring new well(s)			\$ 77.00	\$ 6,699.00	73,588.00	\$ 73,588.00	\$ 17,900.00	\$ 35,800.00
4	Cost to pull existing well & pump			\$ 1,100.00	\$ 1,100.00	200.00	\$ 2,000.00	\$ 850.00	\$ 850.00
5	Cost to abandon existing Hitz well (if needed)	1		\$ 4,400.00	\$ 4,400.00	3,135.00	\$ 3,135.00	\$ 2,800.00	\$ 2,800.00
6	Cost for new well components (casing, pumps, screen, column assembly/shaft/couplers, & related well components.	1		\$ 51,927.00	\$ 51,927.00	48,000.00	\$ 48,000.00	\$ 43,700.00	\$ 87,400.00
7	Cost for piping each well		Feet	\$ 85.25	\$ -	9,000.00	\$ 9,000.00	\$ 51,000.00	\$ 102,000.00
8	Cost for new VFD(s) pump control panel	1		\$ 15,852.00	\$ 15,852.00		\$ 24,600.00	\$ 4,800.00	\$ 9,600.00
					\$ -				\$ -
9	Cost for installation of flow metering the well(s)	1		\$ 6,029.00	\$ 6,029.00		\$ 5,180.00	\$ 4,400.00	\$ 8,800.00
					\$ -				\$ -
10	Cost for installation of well level monitoring the well(s)	1		\$ 2,200.00	\$ 2,200.00		\$ 1,800.00	\$ 2,200.00	\$ 4,400.00
					\$ -		\$ -		\$ -
11	Cost to chlorinate and sample wells	1		\$ 2,200.00	\$ 2,200.00		\$ 851.00	\$ 3,025.00	\$ 6,050.00
12	Cost for Site Restoration and/or Cleanup	1		\$ 1,658.00	\$ 1,658.00		\$ 1,800.00	\$ 1,300.00	\$ 1,300.00
					\$ -		\$ -		\$ -
					\$ -		\$ -		\$ -
					\$ -		\$ -		\$ -
					\$ -		\$ -		\$ -
					\$ -		\$ -		\$ -
<b>TOTAL BID</b>					\$ 112,116.00		\$ 179,454.00		\$ 299,200.00

TOTAL BID PRICING ADJUSTED FOR LOCAL PURCHASING PREFERENCE:

DEPT.  
 HEAD: \_\_\_\_\_  
 PURCH. AGENT: \_\_\_\_\_  
 STAFF REC.: \_\_\_\_\_  
 GLENN CHINAVARE

GENERAL LIABILITY INSURANCE  
 EXPIRATION DATE: \_\_\_\_\_

WORKERS COMPENSATION INSURANCE  
 EXPIRATION DATE: \_\_\_\_\_

SOLE PROPRIETORSHIP  
 EXPIRATION DATE: \_\_\_\_\_

AWARDED: \_\_\_\_\_

COUNCIL APPROVED: \_\_\_\_\_

PO NUMBER: \_\_\_\_\_