



MANATEE COUNTY FLORIDA

February 18, 2014

TO: All Proposers

SUBJECT:

Request For Proposal (RFP) #14-0562FL
Supervisory Control and Data Acquisition (SCADA) Reporting Tool

ADDENDUM #1

The following items are issued to add to, modify and clarify the Request For Proposal document. Proposals are to be submitted on the specified time and date due, in conformance with the additions and revision listed herein.

A. Clarification Requests as submitted by Proposer's

1. How many user accounts are needed for the reporting tool?

Require 10 user accounts with 5 concurrent user licenses.

2. Section B.03-1.10 state the following: *"The Proposer must supply one custom, internal report for the Bio Solids facility. This report must replicate the information in the file July 2013_BioSDryer.xlsm. Please reference example report attached to email."*


The report was not provided with the RFP nor the email, could you forward it to us?

The report is attached to this Addendum #1.

No additional questions will be considered after the issuance of this Addendum.

Proposals are to be prepared as instructed in this Request For Proposals and shall be received at Manatee County Purchasing Office, Suite 803, 1112 Manatee Avenue West, Bradenton, Florida, FL 34205 until **4:00 P.M., February 24, 2014.**

Cordially,


Frank G. Lambertson
Contracts Negotiator


FINANCIAL MANAGEMENT – PURCHASING DIVISION
1112 Manatee Avenue West, Suite 803, Bradenton, FL 34205
PHONE: 941.749.3014 * FAX: 941.749.3034
www.myanatee.org



Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

Monthly Residuals Distribution and Marketing Report

Instructions: This form shall be completed for all Class AA residuals marketed or distributed in the State of Florida in accordance with Rule 62-640.850, Florida Administrative Code (F.A.C.). This form shall be submitted monthly by any wastewater treatment facility which produces Class AA residuals in Florida and by any person who delivers Class AA residuals to Florida. Facilities or persons that regularly distribute and market residuals in Florida must submit this report or notification for those months during which residuals were not distributed or marketed. The report is due by the 28th day of the month following the report month. A copy of the analytical laboratory report (from a laboratory certified by Florida) on the residuals samples for the report month shall be submitted with the report. All information is to be typed or printed in ink. Mail to: Florida Department of Environmental Protection, Domestic Wastewater Section, Mail Station 3540, 2600 Blair Stone Road, Tallahassee, Florida, 32399-2400.

Part I - General Information

Report Month/Year 07/14

Distributor Name Manatee County Government

Distributor Address 3331 Lena Road

City Bradenton State FL Zip 34202

Contact Person Christian F. Collins Title Biosolids Supervisor

Telephone 941-792-8811 ext. 8025 Fax 941-798-6767

Treatment Facility Name Manatee County Southeast Water Reclamation Facility

Treatment Facility ID Number (if a state permit number is entered, please indicate which state) FLA012618

Treatment Facility Address 3331 Lena Road

City Bradenton State FL Zip 34202

Residuals Product Brand Name and Type (e.g., pellets, compost, etc.) Manatee County, Florida Pellets

Florida Department of Agriculture and Consumer Services fertilizer licensee number (if applicable) Keen Farms - F1725

Part II - Residuals Analysis - Non-Florida facilities: Enter the information below and attach a copy of the analytical laboratory report for all monitoring performed pursuant to Rule 62-640.650(1), F.A.C. **Florida facilities:** Report analytical results with the discharge monitoring report or residuals monitoring report as required in the facility permit.

Enter the information for all laboratories if more than one was used for the reported information.

Laboratory name Manatee County Central Wastewater Laboratory FL Lab certificate no. 08-E54560

Laboratory name _____ FL Lab certificate no. _____

Laboratory name _____ FL Lab certificate no. _____

| Parameter | Units* | Class AA Limits | Concentration | Parameter (continued) | Units* | Class AA Limits | Concentration |
|------------------|------------|-----------------|---------------|---------------------------------------|----------------------------------|-----------------|---------------|
| Total Nitrogen | % | N/A | 6.84 | Mercury | mg/kg | 17 | 0.748 |
| Total Phosphorus | % | N/A | 2.93 | Molybdenum | mg/kg | N/A | 18.6 |
| Total Potassium | % | N/A | 0.341 | Nickel | mg/kg | 420 | 18.6 |
| Total Solids | % | N/A | 92.8 | Selenium | mg/kg | 100 | 8.27 |
| pH | std. units | N/A | 6.4 | Zinc | mg/kg | 2800 | 1400 |
| Arsenic | mg/kg | 41 | 25.2 | | | | |
| Cadmium | mg/kg | 39 | 1.27 | Pathogen results. Enter at least one. | | | |
| Copper | mg/kg | 1500 | 386 | Fecal Coliform | MPN/g total solids* (limit 1000) | | <0.18 |
| Lead | mg/kg | 300 | 12.5 | Salmonella sp. | MPN/4g total solids* (limit 3) | | |

*All units are in a dry weight basis except for total solids and pH.

N/A = not applicable

Part III - Distribution and Marketing (attach additional pages if necessary)

- A. Class AA Residuals Delivered or Applied in Florida - Enter the quantity of Class AA residuals delivered or applied per county in the table below. Enter all quantities in short tons (1 ton = 2000 lb).

| County | Quantity (Dry Tons) | County | Quantity (Dry Tons) |
|--|------------------------|--------|------------------------|
| MANATEE COUNTY | 400.66 | | |
| Keen Farm and Grove Services | | | |
| FDACS License Number: F1725 | | | |
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| Total Quantity (Dry Tons) of Class AA Residuals Delivered or Applied in Florida: 400.66 | | | |

- B. Class AA Residuals Distributed or Marketed Outside Florida (for Florida treatment facilities only)

State or Country _____

Quantity (dry tons) _____

Part IV - Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | |
|---|--------------------|
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) | TELEPHONE NO. |
| Christian F. Collins, Biosolids Supervisor A-9637 | 941-792-8811 x8025 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | DATE (YY/MM/DD) |
| | 13/08/20 |