



Date of Issuance: 2/20/2025 **Solicitation/Event No.** 3450034674
Requisition No. 25-7-0034 **Amendment No.** 1

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly in the subject line of the email.

RETURN TO: odot.bids@odot.ok.gov

Heather Osborne
Contracting Officer

(405) 420-2293
Phone Number

hosborne@odot.org
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

Amendment 1 covers:

Questions and answers
Sign-in Sheet - Mandatory Site Visit/Pre-Bid
Plan-holder's List
Soil Profiles

Interested Contractors should complete Section b and include this form with their responses.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) Date

Authorized Representative Name (**PRINT**) Title Authorized Representative Signature

QUESTIONS AND ANSWERS

Q 1: What type of septic system needs to be installed?

A 1: Conventional subsurface absorption field

Q 2: Do you have a soil profile test? Can we receive a copy?

A 2: See attached

Q 3: Will the contractor use the existing tank on the property currently?

A 3: No.

Q 4: Do the tanks need to be poured in place, or can the contractor use four 2000-gallon septic tanks in a series?

A 4: The tank shall be one 7,500 gallon tank

Q 5: Is there an engineer's quote for this project?

A 5: Yes. It will NOT be provided.

Q 6: How much sludge is at the bottom of the lagoon?

A 6: On Sheet C 4.0 Note 2: contractor responsible for sludge depth determination and sludge disposal plan

Q 7: What are the sludge levels?

A 7: See Question 6.

Q 8: Are code-approved suitable solutions allowed?

A 8: Substitutions may be submitted for review by engineer.

Q 9: What is the reason for 6" PVC pipe callout?

A 9: The 6" PVC is the pipe that carries the sewer demand to the septic tank and this the sewer load is dispersed through the dispersal field.

I-35 Rest Area Septic System Replacement
Solicitation 25-7-0034

Q 10: Is any area of the project scope in the river's flood plain or water body protection area?

A 10: No

Q 11: What is the address on file with the DEQ for the results of the soil profile inspection?

A 11: 20569 Rest Area Rd, Thackerville, OK 73459

Q 12: Can the contractor burn the lumber being removed on site?

A 12: With approval from Fire Marshal

Q 13: Is there a diagram of the proposed plans and layout of the existing and new disposal systems?

A 13: Please request plans from Heather Osborne.

Q 14: Is the 3-acre area that is disturbed to be sodded? If seeding is the practice, what kind of seed and application rate?

A 14: The 3-acre area is to be sodded.

Q 15: The engineer states that all non-metallic pipes are to have tracer wire. Does this include the lateral field as well, or just solid pipe?

A 15: Tracer wire to be included on solid pipe only.

Q 16: Are current chain link fences around the lagoon and aeration unit to be dismantled and removed from the property?

A 16: The current chain link fence around the lagoon and aeration unit can be dismantled and removed. However, this must be done after the new sewer dispersal field is installed and in operation and lagoon operations have been stopped.

25-17-0034 Theeterville

SOLICITATION -
SITE VISIT/ PRE-BID MEETING, 2/6/2025.

NAME	COMPANY	EMAIL	PHONE
Scott Graves	ODOT	sgraves@odot.org	405-921-4056
Rod Henry	Anytime Inc	RHCINCO@GMAIL .com	918-637- 5727
Able Voutfeldt	ODOT	evanfildt@odot.org	580-255-7586
Artie	ODOT	onhammaw@odot.org	580-465-5296
Johnny Sullivan	ODOT	JSullivan@ODOT.org	(580) 223-1177
Kevin Flanagan	Flanagan Const	Flanagancontractors@ihoe.com	580-238-8499
Danny Vise Jr	405 Plumbing	danny@405plumbing.com	405/5050111
Dakota Wakefield	Roto Rooter	dawakefield4184@gmail.com	405 482 6485
Trent Sanchez	Roto Rooter	trmsidaddy76@gmail.com	405-534-6544

25-7-0034 Truckeeville
 SOLICITATION -
 SITE VISIT/ PRE-BID MEETING, 2/6/2025

NAME	COMPANY	EMAIL	PHONE
Alex Haworth	Roto Rooter	Haworthhh56@gmail.com	405-637-7346
Rusty Roth	CANYON CREEK PLEASANT	Rusty.roth@yolo.ca.gov	916.208-2480
Dyllan Seckman	Seckman Septic Solutions	Dyllan Cole Seckman@gmail.com	580/30612304



OKLAHOMA
DEPARTMENT OF ENVIRONMENTAL QUALITY
for a clean, attractive, prosperous Oklahoma

ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
REPORT FOR ON-SITE SEWAGE TREATMENT
SOIL PROFILE DESCRIPTION TEST
(PLEASE PRINT or TYPE)

Work Order No. _____
System No. _____
Date Rec'd 4-4-23

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: ODOT Maint. Div. 200 N.E. 21st Street Oklahoma City, OK 73105
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: (405) 996-672 Owner's E-Mail Address (Optional): mrichardson@odot.org

Property Address: 20569 Rest Area Road Thackerville, OK 73459 Love, Oklahoma
Street Address City Zip Code County

Legal Description: A part of the SE/4 of Section 18 T9S R2E Lot Size in _____ ft² or 4.75 acres:

Finding Location: From I-35, 3.3 miles N. of State line, take off ramp N. of Rogers Road to reach Thackerville Info. Center.
(Blocks or miles from a given point)

Water Supply: Individual Private Well or Public Water Supply - Name: I-35 Rest Stop-ODOT-OK 3004308

WATERBODY PROTECTION AREA:

Dispersal field located in Water Body Protection Area: check one Zone 1 Zone 2 or None

Flow Certification: 27A O.S. 2001, Section 2-6-403 states: "It shall be the duty of the person contracting with an installer who is modifying or installing an on-site sewage treatment system for a residence or business to certify the number of bedrooms in the residence or the water usage of the business that will be served by the sewage treatment system so that the system can be properly sized."

The following information was certified on DEQ Form 641-581cert. (Certification Documentation Form)

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms _____
 The estimated flow or actual flow for this small public sewage system is 4999 gal/day and is a Interstate Rest Stop-Bathrooms Type of Facility

SOIL TEST RESULTS: Design Only Print First and Last Name of Designer: _____ Design Date: _____

Depth of Test Hole	HOLE #1		HOLE #2		HOLE #3		SEPARATION RANGE		
	Group	Limiting Layer w/in Interval*	Group	Limiting Layer w/in Interval*	Group	Limiting Layer w/in Interval*	Depth of "shallowest limiting layer":	Test hole with the lowest clay content in separation range:	Most prevalent soil group found in the separation range:
0-6"	2	N/A	2	N/A	2	N/A	54 inches	Hole # 2	Group 2a
6-12"	2	"	2	"	2	"	DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
12-18"	2	"	2	"	2	"	System Type	Sizing Range	Option
18-24"	2	"	2	"	2a	"	CSA - Conventional Subsurface Absorption	12-30"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
24-30"	2a	"	2	"	2a	"	LPD - Low Pressure Dosing	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
30-36"	2a	"	2a	"	2a	"	SE - Shallow Extended	6-24"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
36-42"	2a	"	2a	"	2a	"	ET/A - Evapotranspiration/Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
42-48"	2a	"	2a	"	2a	"	L - Lagoon	N/A	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
48"-54"	2	"	2	"	2	"	ADI - Aerobic w/ Drip Irrigation	0-18"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
*Limiting layers: GW = Ground Water RX = Redox RC = Rock GS = Group 5 Soil							ASI - Aerobic w/Spray Irrigation	0-18"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

see 18 795 129E

RECOMMENDED SYSTEM AND SIZING CRITERIA:

TREATMENT REQUIRED check one <input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Aerobic treatment <input type="checkbox"/> Aerobic treatment with nitrogen reduction	HOLE WITH HIGHEST CLAY CONTENT IN SIZING RANGE <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	MOST PREVALENT SOIL GROUP IN SIZING RANGE IN THE HOLE IDENTIFIED IN (a) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2a <input type="checkbox"/> 3 <input type="checkbox"/> 3a <input type="checkbox"/> 4 <input type="checkbox"/> 5
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CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on 3-18-23
Date Test Performed

Blake Rudd
Soil Tester's Signature Please Print First Name Last Name
P.O. Box 1373 Ardmore OK 73402 580-222-4346 SP006
Address City State Zip Phone # Certification Number
Date Signed 4-4-23

DEQ USE ONLY:

Soil Test Performed by DEQ on (date): _____
 DEQ Soil Profile Test Verification of Design Joint Soil Profile

OR DEQ Reviewed and Accepted
 DEQ Reviewed and Rejected (date and initial) _____

Notes: _____

Debbie Taylor 6530 4-5-23
Environmental Specialist's Signature Employee ID Date Signed and Paperwork Issued

Work Order No. _____
 System No. _____
 Owner's Last Name ODOT

SYSTEM DESIGN: Check all that apply

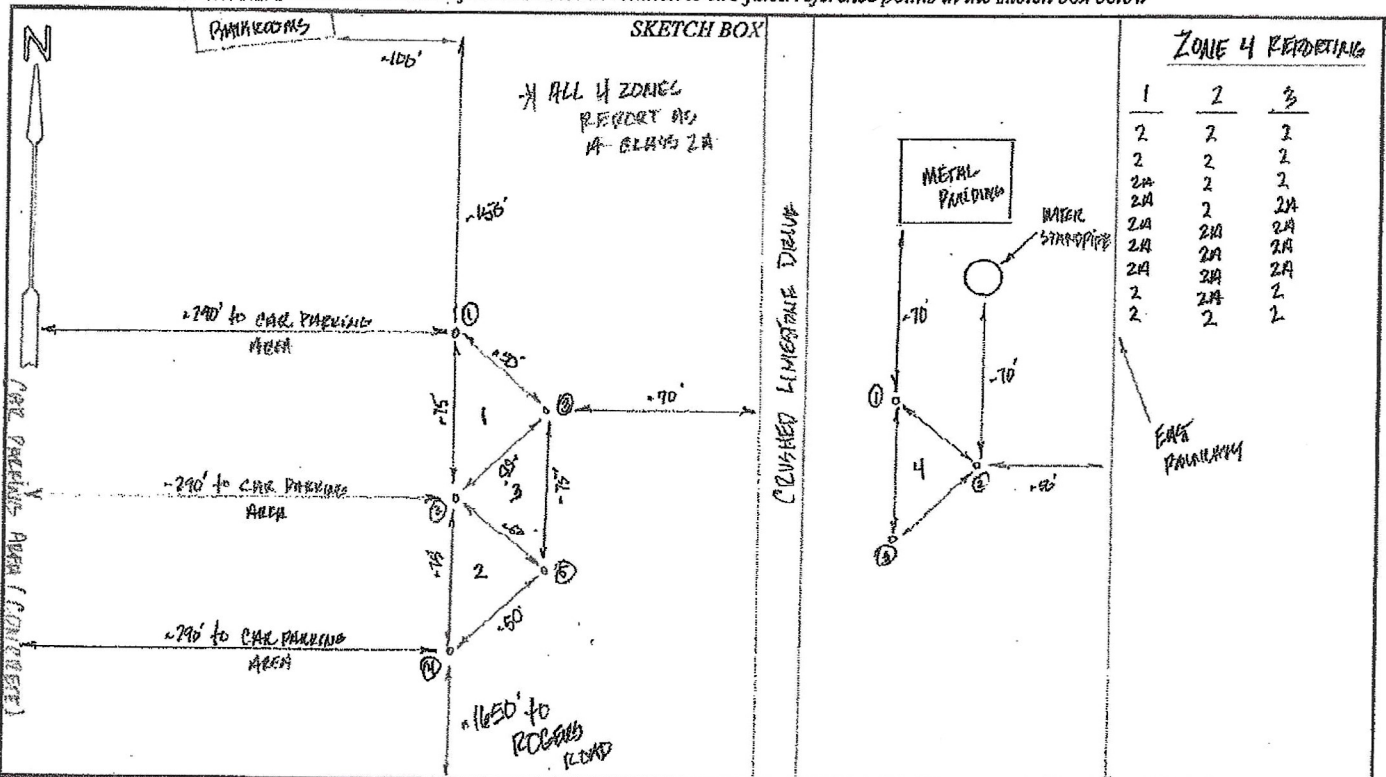
TREATMENT:

Septic Tank with 7500 gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

DISPERSAL:

- CSA:** with 6500 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 30 inches.
- LPD:** with a _____-gallon capacity pump tank and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
- SE:** with _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
- ET/A:** with _____ feet of evapotranspiration trenches. The trench bottom shall be no deeper than _____ inches.
- L:** with bottom dimensions of _____ feet by _____ feet.
- DI:** with a _____-gallon capacity pump tanks and _____ feet of drip line.
- SI:** with a _____-gallon capacity pump tank and _____ square feet of surface application area
- An Alternative system as described on the attached DEQ Form 641-581 Sup, "Supplemental Application for an Alternative System".

LOCATION OF TEST HOLES: Show the location of all test holes in relation to two fixed reference points in the sketch box below



REMARKS: holes reported on front sheet 1, 2 + 3 ON the west side of the crushed Limestone Drive.



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
Certification Documentation Form

Work Order No.
System No.
Date Rec'd 4-4-23

(PLEASE PRINT or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: ODOT Mitch Richardso
Maint Division n 200 N.E. 21st St Oklahoma City 73105
Owner's E-Mail Address (Optional): mrichardson@odot.org
Property Address: 20569 Rest Area Road Thackerville, OK 73459 Love, Oklahoma
Legal Description: A part of SE/4 of Section 18 T9S R2E Lot Size in: 4.75 acres
Finding Location: From northbound I-35, approx. 3.3 miles north of Oklahoma/Texas border, take dedicated off-ramp immediately north of Rogers Road (E2240 Rd) to reach Thackerville Travel Information Center.

Please check the applicable certification that applies and sign below.

Flow Certification:

27A O.S. Section 2-6-403 A. 1. States: It shall be the duty of the person contracting with an installer who is modifying or installing an on-site sewage treatment system for a residence or business to certify the number of bedrooms in the residence or the water usage of the business that will be served by the sewage treatment system so that the system can be properly sized.

- This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms:
The estimated flow or actual flow for this small public sewage system is 4999 gal/day and is a Interstate Rest Stop-Bathrooms Type of Facility

I hereby certify under penalty of law that this document contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete.

Mitch Richardson
Print First Name Last Name Signature Date Signed 3/31/2023

Blake Rudd
P.O. Box 1373
Ardmore, OK 73402
580-222-4346

April 11, 2023

RE: Soil Profile for Wastewater Treatment and Disposal Design:

ODOT Maintenance Division
20569 Rest Area Road
Thackerville, OK 73459
C/O CEC Engineering
Attn: Austin Burton
4555 W. Memorial Road
Oklahoma City, OK 73142

Soil Profiles -----\$1,000.00

Total: \$1,000.00

Thank you very much for your business.

Please remit payment to:

Blake Rudd
P.O. Box 1373
Ardmore, OK 73402

Or Venmo to: @Blake-Rudd-15

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Department of the Treasury
Internal Revenue Service

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <i>Monte Blake Rudd</i>	
	Business name, if different from above	
	Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <i>P.O. Box 13973</i>	Requester's name and address (optional)
	City, state, and ZIP code <i>Ardenmore, OK 73402</i>	
	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 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 *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number <i>446-76-3235</i>
or
Employer identification number

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).

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 4.

Sign Here	Signature of U.S. person ▶ <i>Monte Blake Rudd</i>	Date ▶ <i>4/11/23</i>
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,