

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 <u>prior</u> 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: <u>odot.bids@odot.ok.gov</u>

Heather Osborne
Contracting Officer
(405) 420-2293
Phone Number
hosborne@odot.org
E-Mail Address

Amendment 1 covers:

Description of Amendment:

a. This is to incorporate the following:

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

Date

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.

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.

25-7-2034 Theekerville SOLICITATION - -SITE VISIT/ PRE-BID MEETING, 2/6/2025.

NAME	COMPANY	EMAIL	PHONE
Scott GRAVES	ODOT	sgraves@odiot.org	405-921-4056
Row Henry	Anyfime Inc	PHCINCQ GMAIL ·Com	918-637- 5727
Oble Voule lot	ODOT	evon feldy @ odod.ors	550-255-7586
Patie	0.06	ahammin a 6 10 7.00	5 \$ 0. 465-5256
Johnny Jullivan	ODOT	Joullivan CODOT. Org	(580) 223-1177
Kevin Flanasan	Flanasan Coust	Flanason contractors @	580-238-8499 1400-con
Danny Vise J.	405 Annibing	danny@405plumbinge	
Dakota Waxoflejd	Roto Rooter	dwakefield 4154@ anoth . com	1) (5 482 6485
Treat Sauchez	Roto Rooter	toinidady 762 g mail.	405-534-6544

25-7-0034 Thecker ville

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

NAME	COMPANY	EMAIL	PHONE
Alex Haworth	Roto Rooter	Hawerthhh 56@gmaircon	405-637-7348
Rusty Roth	caryor clack ficest	Yushi, totas Q 4/2/20. Con	
Dyllan Sectionary	Seckman Septic Solutions	Bylion Cole Seckmono co	1)-cor 580/301/2301

Solicitation # 3450034674

Planholder's List

Company Name	Contact Name	Phone #	Email Address	City/State/Zip	Sent
Triple G Excavating	Scott Gann		scottgann.triplegexcavating@gmail.com		x
Construct Connect	Andrew Brown	513-458-5842	andrew.brown@constructconnect.com		x
Eplan bidding	Lauren Roberts	573-447-7130	laurenr@eplanbidding.com	Columbia, MO 65203	x
Premier Septic Services	Martin Griesel	918-223-1709	pssofoklahoma@gmail.com		x
Rusty Roth	Same	918-208-2480	Rusty.roth53@yahoo.com		x
Flanagan Construction	Sherry Flanagan	817-988-4001	flanagancontractors@yahoo.com		x

ENVIRONMENTAL COMPLAI	NTS AND LOCAL SERVICES DIVISION
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REPORT FOR	ON-SITE SEWAGE TREATMENT
COTT Y	

SOIL PROFILE DESCRIPTION TEST (PLEASE PRINT or TYPE)

Work Order No. System No. Da

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ate Rec'd	4-4	-23

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Sector Contractor Contractor	A H O Ny IOSTANA TERINY, prospera	6.21 h 6.21 h				LE DESCRIP PRINT or TYI			em No. Date Rec'd	4-4-2
GENERA		MATION:			and the second secon					1. 0
Name and	Mailing /	ddress of Prope	rty Owner:	ODOT First Name	Main last Name	t. Div.	200 N.E. 21st Street Mailing Address	Oklahoma		73105
Owner Pho	one Numb	er: (405) 9	96-672			itess (Optional):	•	Ch	y	Zip Code
Property A	ddress;			est Area Road		Thacke	rville, OK 73459	Lo		, Oktahoma
Legal Desc	ription:	A part of		of Section 18	T9S R2F		City Zlp Code Lot Size in	Com ft ² (acres;
Finding Lo	cation:	From I-35	, 3.3 mil	es N. of State	line, take	off ramp N.	of Rogers Road to reach Th	ackerville In	fo. Center.	
Water Supp	oly:	🗌 Individu				(Blocks or I	niles from a given point) ame: 1-35 Rest Stop-ODO			
WATERB	ody pr	OTECTION AR	EA:	-	•			<u>101</u> 901	1900	~
Dispersal fi	eld locate	d in Water Body	Protection	Area: check one	Zone 1] 7one 2 [] .	or None 🖂			
treatment sy The following This inc	stem so t ng inform lividual so	hat the system ca ation was certific wage treatment :	n be prope ad on DEQ system will	rly sized." Form 641-581 <i>cer</i>	or bedroom n. (Certification) nal residence	is in the residence ation Documenta to or duplex with	the following # of bedrooms	is modifying or is that will be se nterstate Res	erved by the se	wage
SOIL TEST							640 day and 13 a		Type of Facility	100115
SOIDUES	-	18; Desig		Print First and Las	Barrister Chemister			Design		
Depth of		Limiting Layer	1	OLE #2 Limiting Layer	1	OLE #3 Limiting Layer		RATION RAN	· · · · · · · · · · · · · · · · · · ·	54 inche
Test Hole	Group	w/in Interval*	Group	w/in Interval*	Group	w/in Interval*	Test hole with the lowest cla	And the standard standards		
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6-12"	2	11	2	TI	2	11	DISPERSAL ALLOWER		Contraction of the Contraction o	
12-18"	2	11	2	11	2	11	System Type	1	Sizing Rang	·····
18-24"	2	11	2	п	2a	B	CSA - Conventional Subsurface	Absorption	12-30"	
24-30"	2a	17	2	11	2a	11	LPD - Low Pressure Dosing		12-30"	
AA + ***	2a	n	2a	11	2a	"	SE Shallow Extended		6-24*	
30-36"		4	2a	IJ	2a	18	ET/A - Evapotranspiration/Abso	orntion	12-30"	
30-36" 36-42"	2a				2-	31				
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TREATMENT: September Track with	REFATMENT: Septic Trank with	SYSTEM DESIG	Work Order No System No Owner's Last Name	
Image: Set of subsurface absorption trenches. The trench bottom shall be no deeper than	Image: Second state in the second state state in the second state state in the second state state state is a state state state in the second state state state is a state state state state state state in the second state state state is a state state state state state in the second state state state is a state state state state state state is a state state state state state state is a state	🖾 Septic Tan	nk with gal. liquid capacity 🗌 Aerobic Treatment 🗌 Aerobic Treatment	with Nitrogen Reduction
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DEQ Form 641-581SP

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ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

Certification Documentation Form

(PLEASE PRINT or TYPE)

Work Order No. System No.

4-4-Date Rec'd

GENERAL INFORMATION:

		ODOT	Mitch			na franciska voje te na manima na pri kalenda se na se na Na se kalenda na se na	landana panangan kanangan kana Kanangan kanangan kana Kanangan kanangan kan
		Maint	Richardso	•			
Name and Mailing Ad	dress of Property Owner:	Division	n	200 N.E. 2	21st St	Oklahoma City	73105
		First Name	Last Name	Mailing An	dress	City	Zip Code
Owner's E-Mail Addr	ess (Optional): mricha	rdson@odot.or	g				
				Charles and a contract of the second			
Property Address:	20569 Res	t Area Road		Thackerville, OK	73459	Love	. Oklahoma
	Street	Address		City	Zip Code	County	
Legal Description:	A part of SE/4 of Se	ection 18 T9S I	R2E		Lot Size in:	ft ² , or	4.75 acres
Finding Location:	From northbound I- of Rogers Road (E2	35, approx. 3.3 240 Rd) to read	miles north ch Thackery	of Oklahoma/Texas ville Travel Informati	border, take de		
				(Blocks or miles from a given p	oint)		

Please check the applicable certification that applies and sign below.

Flow Certi	figation.
	TTORE LIGHTS

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: .

	is 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	While .	3/31/2023	
Print First Name	Last Name	Signature	Date Signed

DEQ Form 641-581cert

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

Form WW=3 (Rev. Oclober 2007)

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

N	Name (as shown on your income tax return) MOWE Publice TWOO				
on page	Business name, if different from above				
Print or ty pe Specific Instructions O	Check appropriate box: Individual/Sole proprietor Corporation Partnership Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partners) Other (see instructions)	ship)	۵	Exempt payee	
Print cific Inst	Address (number, street, and apt. or suite no.) P. D&4 1373 City, state, and ZIP code	Regu	lester's name and ad	dress (optional)	
Spe	Avdunore, OK 13402				an (ga - La cana) canana
See	List account number(s) here (optional)				
Par	t 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 <i>How to get a TIN</i> 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.		is	Social security number 446-76-3235 Of Employer identification number		
Par					
1. T 2. 1 R n	penalties of perjury, I certify that: he number shown on this form is my correct taxpayer identification number (or I am waiting for am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report a otified me that I am no longer subject to backup withholding, and am a U.S. citizen or other U.S. person (defined below).) I hav	e not been notified	i by the Internal	
Certif withho For m arrang	The output of our output of the output of th	state t ntributi	ransactions, item 2 ions to an individu	2 does not apply. al retirement	
Sign Here			Date > 4	111/23	

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 urso.

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,