

**Appendix B - Minimum Qualification Form
#98160 Private Well Repair, Audit, Inspection, and Replacement**

GENERAL

THE MINIMUM QUALIFICATIONS SHALL BE SUBMITTED ON THIS FORM. IN ORDER TO BE CONSIDERED A QUALIFIED BIDDER BY JEA YOU MUST MEET THE MINIMUM QUALIFICATIONS LISTED BELOW, AND BE ABLE TO PROVIDE ALL THE SERVICES LISTED IN THIS SOLICITATION.

THE BIDDER MUST COMPLETE THE BIDDER INFORMATION SECTION BELOW AND PROVIDE ANY OTHER INFORMATION OR REFERENCE REQUESTED. THE BIDDER MUST ALSO PROVIDE ANY ATTACHMENTS REQUESTED WITH THIS MINIMUM QUALIFICATIONS FORM.

PLEASE SUBMIT VIA EMAIL TO: DAMBNC@JEA.COM.

BIDDER INFORMATION

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

PRINT NAME OF AUTHORIZED REPRESENTATIVE: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE: _____

MINIMUM QUALIFICATIONS:

- At the time of bid opening, Respondent shall have valid State of Florida Water Well Contractor License.

AND

- Respondent shall provide two (2) client references to demonstrate the successful completion of two (2) similar private well repair, audit, inspection, and replacement contracts within the last five (5) years of the Solicitation due date.
 - Each of the similar private well repair, audit, inspection, and replacement contracts shall consist of no less than \$100,000.00 in annual revenue and successful repair, audit, inspection, and replacement of no less than one hundred (100) wells per year.

AND

Respondent shall have a primary office located within Duval or adjacent counties including St. John's, Nassau, and Clay. Respondent's office must be occupied and staffed with at least three (3) employees for a duration of six (6) months prior to the Response Due Date stated in this ITN. Additionally, the office shall not be used as a residential premises.

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REFERENCE #1

Reference Company Name_____

Reference Contact Person Name_____

Reference Contact Phone Number and Email Address_____

Contract term start and end date_____

Project Title _____

What is the annual revenue of this contract?_____

Does this contract contain successful repair, audit, inspection, and replacement of no less than one hundred (100) wells per year?

Yes No

Description of Project and how the project/contract is similar to JEA's Technical Specifications_____

REFERENCE #2

Reference Company Name_____

Reference Contact Person Name_____

Reference Contact Phone Number and Email Address_____

Contract term start and end date_____

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Project Title _____

What is the annual revenue of this contract? _____

Does this contract contain successful repair, audit, inspection, and replacement of no less than one hundred (100) wells per year?

Yes No

Description of Project and how the project/contract is similar to JEA's Technical Specifications _____

In which county is the Respondent's Primary Office located?

Duval St. John's Nassau Clay

Has the Respondent's office been occupied and staffed with at least three (3) employees for a duration of six (6) months prior to the Response Due Date stated in this ITN.

Yes No

Please confirm that the office shall not be used as a residential premises.

Confirmed