

**SAN ANTONIO WATER SYSTEM PURCHASING DEPARTMENT**

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Issued By: **Anthony Rubin**  
BID NO.: **12-1351**

Date Issued: **November 27, 2012**

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**FORMAL INVITATION FOR BIDS  
CONTRACT FOR BYPASS AROUND TWO & THREE BARREL SIPHONS  
ADDENDUM NO. 3**

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Sealed bids addressed to the Purchasing Director, San Antonio Water System, 2800 US Hwy 281 North, Administration Bldg., 5<sup>th</sup> Floor, P.O. Box 2449, San Antonio, TX 78298-2449 will be received until **3:00 p.m., November 30, 2012** and then publicly opened and read aloud for furnishing materials or services as described received herein below,

The San Antonio Water System Purchasing Department is willing to assist any bidder(s) in the interpretation of bid provisions or explanation of how bid forms are to be completed. Assistance may be received by visiting the Purchasing Office in the SAWS Main Office, 2800 US Hwy 281 North, San Antonio, TX 78212, or by calling (210) 233-3819.

This invitation includes the following:

Invitation for Bids  
Terms and Conditions of Invitation for Bids

Specifications and General Requirements  
Price Schedule

The undersigned, by his/her signature, represents that he/she is authorized to bind the Bidder to fully comply with the Specifications and General Requirements for the amount(s) shown on the accompanying bid sheet(s). By signing below, Bidder has read the entire document and agreed to the terms therein.

Signer's Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
(Please Print or Type)

Address: \_\_\_\_\_

Signature of Person Authorized to Sign Bid \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Please complete the following:

Prompt Payment Discount: \_\_\_\_\_% \_\_\_\_\_days. (If no discount is offered, Net 30 will apply.)

Please check the following blanks which apply to your company:

Ownership of firm (51% or more):

Non-minority  Hispanic  African-American  Other Minority (specify) \_\_\_\_\_

Female Owned  Handicapped Owned  Small Business (less than \$1 million annual receipts or 100 employees)

Indicate Status:  Partnership  Corporation  Sole Proprietorship  Other (specify) \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Replace **PRICE SCHEDULE** with the revised copy as follows:

**PRICE SCHEDULE**

<u>Item No.</u>	<u>Description</u>	<u>Estimated Qty</u>	<u>Unit Price</u>	<u>Total Price</u>
<u>Siphon No. 1</u>				
1	Mobilization, Demobilization Setup and Test	1 LS	\$ _____ LS	\$ _____
2.	By Pass Pump (36" Dia Pipe) *	7 Day	\$ _____/day	\$ _____
3.	By Pass Pump (36" Dia Pipe) *	3 Week	\$ _____/week	\$ _____
4.	By Pass Pump (8" Dia Pipe) *	7 Day	\$ _____/day	\$ _____
5.	By Pass Pump (8" Dia Pipe) *	3 Week	\$ _____/week	\$ _____
6.	By Pass Pump (12" Dia Pipe) * (If needed and plug will not work per prebid meeting)	7 Day	\$ _____/day	\$ _____
7.	By Pass Pump (12" Dia Pipe) * (If needed and plug will not work per prebid meeting)	3 Week	\$ _____/week	\$ _____
8.	Dewatering of Siphon No. 1 (Any Size/any time for entire duration)	18 EA	\$ _____ EA	\$ _____
<b>SUB TOTAL</b>				<b>\$ _____</b>
<u>Siphon No. 2</u>				
9.	Mobilization, Demobilization Setup and Test	1 LS	\$ _____ LS	\$ _____
10.	By Pass Pump (36" Dia Pipe) *	7 Day	\$ _____/day	\$ _____
11.	By Pass Pump (36" Dia Pipe) *	3 Week	\$ _____/week	\$ _____
12.	Dewatering of Siphon No. 2 (Any Size/any time for entire duration)	18 EA	\$ _____ EA	\$ _____
<b>SUB TOTAL</b>				<b>\$ _____</b>
<b>TOTAL</b>				<b>\$ _____</b>

\*Vendor to quote a per day and a per week rate. Depending on the actual number of days needed, vendor will actually charge the most economical combination of daily and weekly rate.

**Vendor must quote as requested and pricing must be submitted on Price Schedule.**

**IT IS NECESSARY TO RETURN THIS ADDENDUM WITH YOUR BID.**