

Well & Booster Pump Maintenance, Inspection & Repair Services - 2024

Quote Name: Well & Booster Pump Maintenance, Inspection
& Repair Services 2024

Borough Contact: Chris Carson/Marybeth Hennessy

Contact Phone Number: 609-492-2525

Quote Description:

- This quote is to supply a trained technician and necessary equipment to perform general maintenance, inspection and repair on wells 9, 10 & 11 and boosters 1, 2, & 3 in the Borough of Beach Haven.
- Quote should include recording static and pumping water levels in the well during the test as well as recording appropriate discharge pressures during the test.
- Quote should include calculating the specific capacity of the wells and plotting performance to determine current operating conditions versus design conditions or previous maintenance inspections.
- Quote should include recording amperage and Meggar test electric motors and recording vibration magnitudes on the motor while running.
- Quote should include changing oil and re-greasing motors as required and inspecting packing and adding if necessary.
- Quote should include inspecting all other applicable equipment within the well house to determine if any additional repairs are needed.
- Quote should include providing a written report containing all test data and results which are to be reviewed by a professional engineer and providing a complete list of recommended repairs.
- This contract may be awarded to more than one bidder.
- Quote should be valid until 12.31.2024
- Quote may be extended until 12.31.2025 if both the Borough and the vendor are in agreement of an extension.
- Quotes must be faxed or emailed to the Public Work's Office at 609-492-3270 or mhennessy@beachhaven-nj.gov
- Vendor must have a W9 form attached or on file.
- Vendor must have a N.J. Business Registration Certificate attached or on file.
- This contract may be subject to Prevailing Wage Act (NJSA 34:11-56.250 et seq.)
- This contract may be subject to Pay to Play laws (NJSA 19:44-20)

Quote Specifications:

Company Name: _____

Contact Name: _____

NJ Plumbing License #: _____

Phone Number: _____

E-Mail: _____

Hourly Rate: _____

Emergency Hourly Rate: _____

Date Submitted: _____

Travel Time Rate if applicable: _____

Quotes must be submitted to the Beach Haven Borough by e-mail or fax