

(Revised April 16, 2021) ATTACHMENT H

CONTRACTOR REFERENCE AND RELEASE FORM

(Additional Sheets May Be Added)

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to install sanitary sewer lift stations, sewer force mains and gravity sewers at least 6” in diameter with the open cut and trenchless technology. At minimum, one client reference should be external to the County. Within the past five (5) years, the installer must have successfully completed the construction of at least three (3) similar size projects in the United States, which include either one of the following 2 parts in each of project. At least one of the three references shall include the similar or larger pump station and force main.

- **Part 1 – Gravity Sewer and Manhole Installation**
 - Construction components of each project must include the installation of gravity sewer of at least 6” and above in diameter with a minimum length of 2,000 Linear Feet (LF) and the installation of approximately 10 manholes within the last 5 years.

- **Part 2 – Sanitary Sewer Pump Station and Force Main**
 - Construction components of each project must include the installation of sanitary sewer pump stations and force mains. Contractor shall have successfully completed 3 similar projects within the last 5 years.

Company Name:		Planned year start date:	Planned year completion date:	
Contact Person Name and Title:		Telephone Number (include area code)		
Complete Primary Address:		City:	State:	Zip Code:
Email Address:		Contract Value:	No. of Manholes Installed:	
Project Name:		Diameter: <input type="checkbox"/> 6” <input type="checkbox"/> 8” <input type="checkbox"/> 10” Other:		Total length of the project in Linear Feet:
Actual Year Started:	Actual Year Completed:	Depth of Shoring above 20 Linear Footage <input type="checkbox"/> Yes <input type="checkbox"/> No		
Services Provided:				
Description for Part 1 :				
Description for Part 2 :				

ATTACHMENT H, CONT'D

CONTRACTOR REFERENCE AND RELEASE FORM

(Additional Sheets May Be Added)

Company Name:		Planned year start date:	Planned year completion date:
Contact Person Name and Title:		Telephone Number (include area code)	
Complete Primary Address:		City:	State: Zip Code:
Email Address:		Contract Value:	No. of Manholes Installed:
Project Name:		Diameter: <input type="checkbox"/> 6" <input type="checkbox"/> 8" <input type="checkbox"/> 10" Other:	Total length of the project in Linear Feet:
Actual Year Started:	Actual Year Completed:	Depth of Shoring above 20 Linear Footage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Services Provided:			
Description for Part 1 :			
Description for Part 2 :			

ATTACHMENT H, CONT'D

CONTRACTOR REFERENCE AND RELEASE FORM

(Additional Sheets May Be Added)

Company Name:		Planned year start date:	Planned year completion date:
Contact Person Name and Title:		Telephone Number (include area code)	
Complete Primary Address:		City:	State: Zip Code:
Email Address:		Contract Value:	No. of Manholes Installed:
Project Name:		Diameter: <input type="checkbox"/> 6" <input type="checkbox"/> 8" <input type="checkbox"/> 10" Other:	Total length of the project in Linear Feet:
Actual Year Started:	Actual Year Completed:	Depth of Shoring above 20 Linear Footage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Services Provided:			
Description for Part 1 :			
Description for Part 2 :			

REFERENCE CHECK RELEASE STATEMENT

You are authorized to contact the references provided above for purposes of this ITB.

Signed _____ Title _____
 (Authorized Signature of Bidder)

Company Name _____ Date _____

END OF ATTACHMENT H