

Charles Gill
 Water Utility Manager
 451 Meek Street
 Greenfield, Indiana 46140



Mayor Chuck Fewell
 Board of Works and Public Safety
 10 South State St.
 Greenfield, IN 46140

Re: Recommendation of Award

July 23, 2019

Mayor and Board Members,

The Water Utility solicited quotes from three companies for the cleaning and maintenance of Well 1-1. This well has been running almost consistently since the loss of one our large raw water production wells. The cleaning portion of the quote primarily involves the removal of the motor and pump, injection of cleaning chemicals and then double disc surging the well casing and screen. Once the initial cleaning process is complete the well casing is inspected by a submersible camera. The casing and screen is inspected for any physical condition issues that would need to be addressed by the Utility.

The notice to proceed for this work will follow the successful connection and start of production from Well 1-3. The entire process of cleaning, performing the camera inspections both pre- and post-rehabilitation work and including the two bacteriological tests to return the well to service would be expected to take several weeks based on other well cleanings.

The two companies that responded to the invitation to quote were Layne Christensen Company, and Peerless Midwest. The following table will outline the two quotes as side by side comparisons.

Work item	Layne Quote Amount	Peerless Quoted amount	Work item	Layne Quote Amount	Peerless Quoted amount
Cleaning			Motor and Pump Rebuild		
Field labor & Equipment	\$16,300	\$ 18,740	Shop Inspection	\$ 1,500	\$ 14,350
Chemicals	\$ 4,320		Rebuild	TBD	
Televised inspections	\$ 2,000				
Bac-T testing (Qty:2)	\$ 75				
Sub total	\$ 22,695	\$ 18,740		\$ 1,500 + rebuild	\$14,350
Total cleaning and rebuild	\$ 24,195 + rebuild	\$ 33,090			

To award this work, I recommend the Board award to lowest responsible and responsive company to **Peerless Midwest** in the amount of **\$18,740**. Once the motor and pump are inspected, we will receive a tear down report and the repair work necessary will be confirmed by emailed quote.

I welcome any questions the Board may have on this recommendation.

Respectfully Submitted,

Charles Gill, Manager
 Greenfield Water Utility

cc: Mike Fruth, Utility Director
 Dan Worl, Business Service Manager
 Lori Elmore, Clerk-Treasurer



Peerless Midwest is now
SUEZ Advanced Solutions

Mishawaka, IN / 574.254.9050
Tipton, IN / 317.896.2987
Ionia, MI / 616.527.0050
Fenton, MI / 810.215.1295
Lombard, IL / 630.708.3212
Boulder, CO / 574.286.0765
Littleton, CO / 303.968.7920
Canton, OH / 330.592.4146

July 5, 2019

Mr. Charles Gill & Jimmy Griffith
Greenfield Water Utility
706 E. Main Street
Greenfield, IN 46140

Re: MUNICIPAL WATER WELL CLEANING AND MAINTENANCE_ Well 1-1

Dear Mr. Gill & Griffith:

Peerless Midwest, Inc. (PMI) appreciates the opportunity to provide professional services to City of Greenfield. Peerless-Midwest, Inc. (PMI) is pleased to offer this Scope of Work for the above referenced project for North Park Well 1-1.

We are proposing a well cleaning on North Park well 1-1 using sodium hypochlorite and chlorine enhancers with extended contact times. First step would be to flow test the well recording gpm, static water level, pumping water levels at pump design point. We would send a 2-man crew with crane to pull the pump after testing. It would be hauled to our pump shop to be torn down and inspected. We will provide a detailed report after tear down with our findings.

Based on previous experience cleaning your wells. We will utilize double disc surge block method with our chemical storage tank on this application. After pulling the pump and the debris is clear, one of our hydrogeologists will do both pre and post rehab clean videos inspecting the well casing and screen. We will inject chemicals into the well for an overnight soak after the video. Our crew will come back the following day to surge chemicals in the well screen then repeat. We will do that for 4 days then a final injection. After the pump is rebuilt (estimating 2-3 weeks) we will install the rebuild pumping equipment and perform a flow test recording the same data before the cleaning. We will pull 2 bacteriological water samples 24hours apart. Our last cleaning on your well increased the specific capacity from 127.4 up to 305.2 at 1386gpm

The chemical cleaning including all labor and materials would be \$18,740.00
The well pump and motor rebuild (see details below) for well 1-1 \$14,350.00

Total Project cost \$33,090

Well 1-1 Pump Rebuild:

We are estimating that the following additional work to be done for the pump rebuild. We recommend rebuilding the pump bowl with a new bowl shaft, new bearings, machine bowl for new wear rings, install new spider bearings in the pump setting, check shaft straightness, install sleeves on stainless steel shafting, replace stainless steel couplings, recondition the discharge head with a new stuffing box bearing and head shaft.

Replace water slinger, flange pack, pressure gauge and 3/4" poly. We have included transport and disassemble & inspect the pumping equipment to our pump shop. We will provide a detailed report with our findings and recommendations. All our labor and machining will be completed in our pump shop located at our main office.

After the tear down report is completed and based on our findings, we would estimate a standard pump and motor rebuild for well 1-1 to be estimated at **\$14,350.00**

Thank you for the opportunity to provide you with this quote. We are looking forward to meeting the water supply needs of City of Greenfield. If you have any questions about this information, or if I may be of any further assistance, please call me at 317. 896-2987 or 765. 438-4208 cell.

Sincerely,

PEERLESS-MIDWEST, INC.



Nick Rice,
Project Manager

As a benefit to you, Peerless-Midwest, Inc. has developed the ideas and concepts and special techniques detailed in this proposal/quotation on July 5, 2019. These are considered by Peerless-Midwest, Inc. to be confidential and proprietary. These ideas and concepts and special techniques remain the sole property of Peerless-Midwest, Inc., and shall not be used in any way or manner detrimental to the interests of Peerless-Midwest, Inc.

The City of Greenfield, IN, and its agents and representatives, acknowledge and agree to honor our proprietary right to the contents of this proposal/quotation and refrain from disclosing such content or any information to any third party, without the prior written consent of Peerless-Midwest, Inc. Any unauthorized use of these ideas and concepts is strictly prohibited.

TERMS

All pricing is based upon acceptance within 30 days of this date and may be modified if not accepted within 30 days. Quoted prices do not include Indiana Sales Tax on materials, which will be itemized separately from labor and service when the work is billed.

Terms are net, not subject to discount, and invoices are to be paid in full without retainage within 30 days of presentation. All invoices not paid within 30 days will be subject to 2% per month service and handling fees, plus any court and/or attorney fees required for collection.

ACCEPTANCE

By: _____ For _____

Title _____ Date _____

Well 1-1 Cleaning



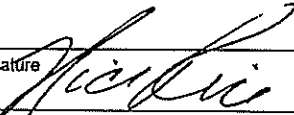
NON-COLLUSION AFFIDAVIT
State Form 4391 (R4 / 1-00)

STATE OF: INDIANA

COUNTY OF: HAMILTON

3 SS:

The undersigned, being duly sworn on oath says, that he is the contracting party, or that he is the representative, agent, member, or officer of the contracting party, that he has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him, directly or indirectly, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he has not received or paid, any sum of money or other consideration for the execution of the annexed contract other than that which appears upon the face of the contract.

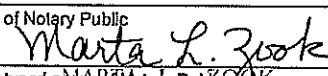
Signature	
Printed name	NICK RICE
Title	PROJECT MANAGER
Company	PEERLESS-MIDWEST, INC.

Before me, a Notary Public in and for said County and State personally appeared, NICK RICE

who acknowledged the truth of the statements in the foregoing affidavit on this 5th day of July, 2019

County of residence
HAMILTON

Commission expiration date
August 23, 2024

Signature of Notary Public	
Printed or typed name of Notary Public	MARTA L. ZOOK

MARTA L. ZOOK
 Notary Public : State of Indiana
 Hamilton County
 My Commission Expires
 August 23, 2024

E-VERIFY AFFIDAVIT

The Contractor, PEERLESS-MIDWEST, INC. (PMI), to comply with the requirements of Indiana Code 22-5-1.7-11, affirms under the penalties of perjury that it does not knowingly employ an unauthorized alien.


The Contractor shall enroll in and verify the work eligibility status of all its newly hired employees through the Verify program as defined in IC 22-5-1.7-3. The Contractor is not required to participate should the E-Verify program cease to exist. Additionally, the Contractor is not required to participate if the Contractor is self-employed and does not employ any employees.

The Contractor shall not knowingly employ or contract with an unauthorized alien. The Contractor shall not retain an employee or contract with a person that the Contractor subsequently learns is an unauthorized alien.

The Contractor shall require its sub-contractors who perform work under this Contract to certify to the Contractor that the sub-contractor does not knowingly employ or contract with an unauthorized alien and that the sub-contractor has enrolled and is participating in the E-Verify program. The Contractor agrees to maintain this certification throughout the duration of the term of a contract with a sub-contractor.

DATED: July 5th, 2019

Signature:



Printed Name:

NICK RICE

Title:

PROJECT MANAGER

Company:

PEERLESS-MIDWEST, INC.

Address:

55860 Russell Industrial Parkway
Mishawaka, IN 46545

STATE OF INDIANA

ss:

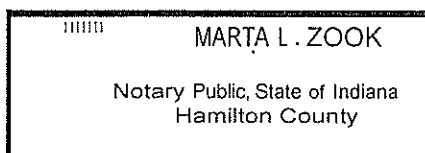
COUNTY OF HAMILTON)

NICK RICE, Project Manager, personally appeared before me, a Notary Public, in and for said county and state, this 5th day of July, 2019, after being duly sworn upon his oath, says that the facts alleged in the foregoing affidavit are true.

My Commission Expires:



Signature



My Commission Expires
August 23, 2024

MARTA L. ZOOK, Notary Public

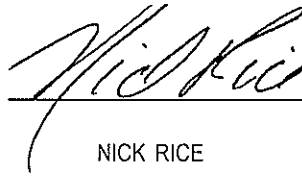
IRANIAN GOVERNMENT AFFIDAVIT

The Contractor, PEERLESS-MIDWEST, INC. (PMI), to comply with the requirements of Indiana Code 5-22-16.5, affirms under the penalties of perjury that it does not deal with the Government of Iran.

The Contractor shall require its sub-contractors who perform work under this Contract to certify to the Contractor that the sub-contractor does not knowingly deal with the Government of Iran. The Contractor agrees to maintain this certification throughout the duration of the term of a contract with a sub-consultant.

DATED: July 5th, 2019

Signature:



Printed Name:

NICK RICE

Title:

PROJECT MANAGER

Company:

PEERLESS-MIDWEST, INC.

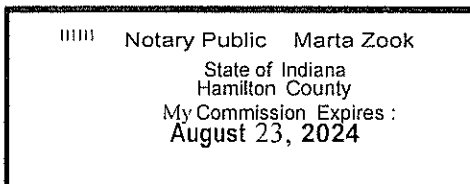
Address:

55860 Russell Industrial Parkway
Mishawaka, IN 46545

STATE OF INDIANA)
) ss:
COUNTY OF HAMILTON)

NICK RICE, Project Manager, personally appeared before me, a Notary Public, in and for said county and state, this 5TH day of July, 2019, after being duly sworn upon his oath, says that the representations in the foregoing affidavit are true.

My Commission Expires:




Signature

MARTA L. ZOOK, Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07962-1966 Attn: Morristown.CertRequest@marsh.com Fax: 212-948-0979	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
CN101439989-PEER-GAWU-19-20 INSURED PEERLESS-MIDWEST, INC. 55860 RUSSELL INDUSTRIAL PKWY MISHAWAKA, IN 46545	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Everest National Insurance Company		10120
	INSURER B : Everest Premier Insurance Company		16045
	INSURER C : Twin City Insurance Co.		29459
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** NYC-008894183-16 **REVISION NUMBER: 5**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
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A B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RM5WC00021-191 (AOS) RM5WC00022-191 (FL, MA, WI) RM5WC00047-191 (NJ, NY)	01/01/2019 01/01/2019 01/01/2019	01/01/2020 01/01/2020 01/01/2020	<table style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td style="text-align: right;">\$</td><td> </td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td>2,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td>2,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td>2,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$		E.L. EACH ACCIDENT	\$	2,000,000	E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	E.L. DISEASE - POLICY LIMIT	\$	2,000,000									
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER GREENFIELD WATER UTILITY ATTN: JIMMY GRIFFITH 451 S. MEEK STREET GREENFIELD, IN 46140	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <div style="text-align: right;"><i>Manashi Mukherjee</i></div>
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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PEERLESS-MIDWEST, INC.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 55860 Russell Industrial Parkway	Requester's name and address (optional)	
	6 City, state, and ZIP code Mishawaka, IN 46545		
	7 List account number(s) here (optional)		

Part 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1.8.2019
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

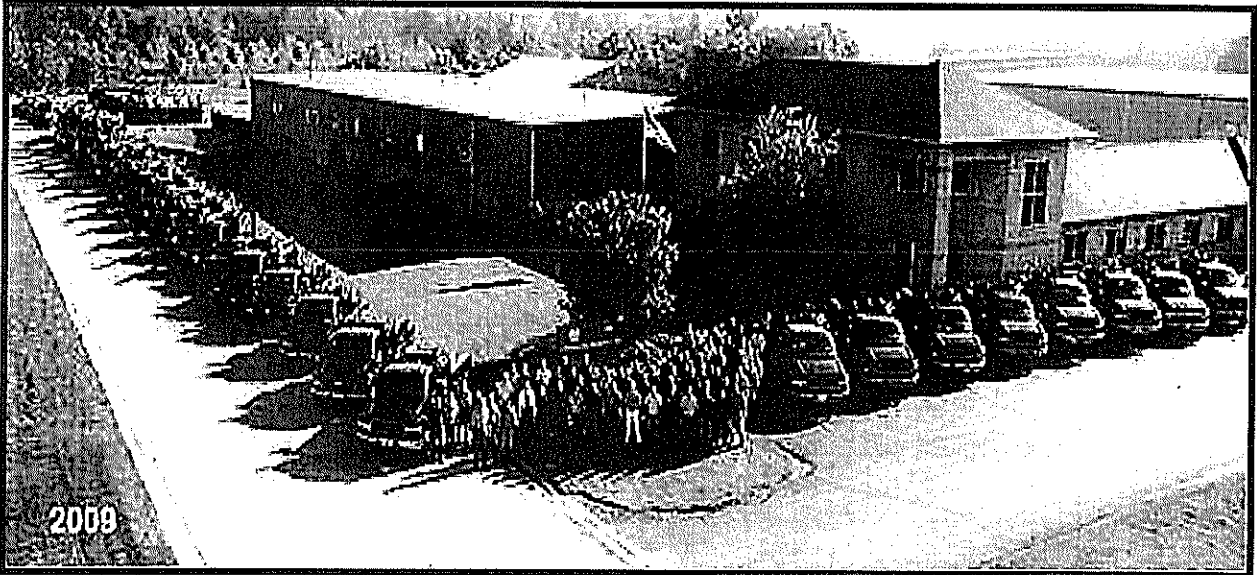
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PEERLESS-MIDWEST, INC.



OUR HISTORY

Peerless-Midwest, Inc. was founded in Granger, Indiana, in 1973 with 11 employees, nine pieces of major equipment and 5,000 square feet of office and shop space. Based on a philosophy of controlled growth driven by high quality customer services, our company has prospered.

Consequently in 1998 we constructed a new headquarters office, pump repair facility, and warehouse in nearby Mishawaka with over 28,000 square feet of space. Today we employ over 85 people, including those in our branch offices located in Westfield, IN, and Lombard, IL, as well as in both Ionia and Grand Blanc, MI. As a full-service water supply contractor providing well drilling, water systems, pump testing, and fire protection systems, we have recently expanded our locations into WI and Boulder, CO.

OUR MISSION

Peerless-Midwest, Inc., is dedicated to the highest quality client-driven services. Industry leadership, and the highest level of competence shall be maintained in all areas of our business with uncompromising integrity and professionalism. We utilize a multi-disciplinary approach to ensure full service capabilities for our clients and prompt attention to their needs.

EXPERIENCE

Current:

- ✿ Citizens Energy Group – Indianapolis, IN – drill and develop new wells; annual well and pump performance testing and inspections; well and pump rehabilitations
- ✿ Town of Plainfield, IN – Filter Plant – replace media and manways
- ✿ Town of Montpelier, IN – replace pitless adapter and pump overhaul
- ✿ Town of Greenfield, IN – drill and develop new wells; annual well and pump performance testing and inspections; well and pump rehabilitations

Past:

- ✿ City of Goshen, IN – pull and overhaul pump motors (completed 7/2018)
- ✿ Indiana Toll Road (ITR) – Plaza 3 – WTP Southside (completed 7/2018)
- ✿ Memorial Hospital – South Bend, IN – pitless adapters (completed 6/2018)
- ✿ Waterford Township, IN – well cleanings and motor replacements (completed 6/2018)
- ✿ Indiana Toll Road (ITR) – Howe & Rolling Prairie, IN – new fire wells (completed 2017)
- ✿ St. Joseph Energy Group – WTP wells (completed 2017)

PROJECT TEAM

Nick Rice, *Project Manager*, has 10 years of experience with sales and service of water works piping, well rehabilitations and cleanings, pump design, valves, meters and supplies, groundwater exploration, and wellhead protection projects.

Tim Hill, *Project Manager*, has 36 years of experience with sales and service of water works piping, well rehabilitations and cleanings, pump design, valves, meters and supplies, groundwater exploration, and wellhead protection projects.

Tim Northam, *LPG, Senior Hydrogeologist/Hydrogeological Services Manager*, has 37 years of experience as a geologist that includes 26 years of working in the environmental and groundwater consulting industries. Tim is a Licensed Professional Geologist.

Dean Zook, *Inside Sales Coordinator/Field Crew Superintendent*, has 13 years of experience in the Westfield office. Dean handles ordering of materials as well as crew management and scheduling.

Leonard Flora, Gerald Flora, and Gary Flora, *Foremen*, have a combined 75 years of experience in well cleaning and rehabilitation, rebuilding pumps and motors, flow testing wells, and constructing and developing wells. These gentlemen will be working on site during this project.

QUOTATION



Layne Christensen Company
 1301-15 E. Main Street
 Louisville, Kentucky 40206
 Phone: 502/585-1241
 Fax: 502/585-4169

Date	<u>7/8/2019</u>
Terms	<u>Net 30 Days</u>
F.O.B.	<u>Job Site</u>
Delivery	<u>Two Weeks</u>
Quotation Expires	<u>30 days</u>

COMPLETE MUNICIPAL & INDUSTRIAL WATER SYSTEMS

TO: City of Greenfield
 Water Utility
 451 Meek Street

 Greenfield, Indiana 46140

Taxes: any sales, use or other tax, which may be imposed on this transaction is not included in the price quoted and shall be paid by the purchaser.

Reference: **Well #1 Cleaning**

QUANTITY	DESCRIPTION	PRICE
	Layne Christensen proposes to clean the referenced well using our twin-disc surge equipment. All chemicals will be mixed in our treatment tank and injected through the surge into the well. When contact time is complete the solutions will be air lifted to the tank and neutralized before being pumped to waste. Pre and post cleaning pumping tests and televised inspections will be performed, as well as two (2) post service Bac-T tests. The pumping equipment will be transported to our shop for disassembly and inspection, with an itemized quote to be presented to the City for authorization of repairs.	
	Field Labor & Equipment (based on 5 days surging total).....	\$16,300.00
	Chemicals (55 gallon sodium hypochlorite, 495 gallon inhibited muriatic acid, QC-21, and neutralizing agents).....	\$4,320.00
	Hourly rate for well screen surging (if additional time is required)... \$205/hr	
	Televised Inspections, two at \$1000 each.....	\$2,000.00
	Shop Inspection of pumping equipment, including motor.....	\$1,500.00
	Bac-T testing (total of two).....	\$75.00
	TOTAL	\$24,195.00

ACCEPTANCE: The undersigned accepts the above proposal at the prices shown, subject to any necessary revision in the list of estimated quantities and hereby authorizes and instructs Contractor to proceed with the described work. Purchaser's pumps, motors, parts and/or accessories may be stored by Contractor for thirty (30) days from date of invoice or other written notice from Contractor. After thirty (30) days, disposal of equipment may be made by Contractor without incurring any liability.

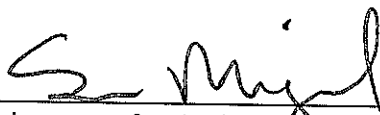
Purchaser _____ Address _____
 By _____ Date July 9, 2019
[Signature]
(Contractor)

INDIANA IRAN INVESTMENT CERTIFICATION

The State of Indiana enacted a law (IC 5-22-16.5) which requires all state agencies and political subdivisions to request certification from its contractors that the contractor is not engaged in investment activities in Iran as Chapter 16.5 defines those terms. This certification serves as notice that all contractors doing business with Steuben County, Indiana must, as a term of its contract, certify that the contractor does not engage in investment activities in Iran.

I, Sean Miguel, the duly authorized representative of Layne Christensen Company (name of contractor), certify under penalty of perjury that Layne Christensen Company (name of contractor) does not engage in investment activities in Iran as those terms defined by IC 5-22-16.5.

Layne Christensen Company
(name of contractor)

By: 
(signature of authorized representative)

Sean Miguel, Project Manager
(printed name of authorized representative)

Date: July 8, 2019

E-Verify Affidavit

Pursuant to Indiana Code 22-5-1.7-11, the Contractor entering into a contract with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees through the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City, the undersigned Contractor will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify program.

(Contractor): Layne Christensen Company

By (Written Signature): _____

(Printed Name): Sean Miguel

(Title): Project Manager

Important - Notary Signature and Seal Required in the Space Below

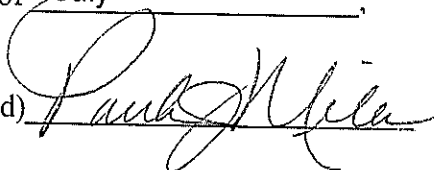
STATE OF Kentucky

SS:

COUNTY OF Jefferson

Subscribed and sworn to before me this 9th day of July,
20 19.

My commission expires: March 11, 2023

(Signed) 

a. Residing in Jefferson

County, State of Kentucky



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #0C36861 Alliant Insurance Services, Inc. 100 Pine Street, 11th Floor San Francisco, CA 94111	1-415-403-1491	CONTACT NAME: Kimberly Leikam PHONE (A/C, No., Ext): 415-403-1491 E-MAIL ADDRESS: kleikam@alliant.com	FAX (A/C, No): 415-874-4818
INSURED Layne Christensen Company 585 West Beach Street Watsonville, CA 95076		INSURER(S) AFFORDING COVERAGE	
		INSURER A: VALLEY FORGE INS CO	NAIC # 20508
		INSURER B: CONTINENTAL CAS CO	20443
		INSURER C: TRANSPORTATION INS CO	20494
		INSURER F:	

EVIDENCE OF INSURANCE

COVERAGES CERTIFICATE NUMBER: 56695669 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL2074978689	10/01/18	10/01/21	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ Nil PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 S
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BUA2074978692	10/01/18	10/01/21	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUE2068209453	10/01/18	10/01/19	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 S
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC274978630 (CA)	10/01/18	10/01/19	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	WC274978661 (MT, WI, HI)	10/01/18	10/01/19	E.L. EACH ACCIDENT \$ 2,000,000
C	if yes, describe under DESCRIPTION OF OPERATIONS below			WC274978658 (NY)	10/01/18	10/01/19	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
A				WC274978644 (AOS/StopGap)	10/01/18	10/01/19	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

Greenfield Water Utility
451 Meek Street
Greenfield, IN 46140
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LAYNE CHRISTENSEN COMPANY	
2 Business name/disregarded entity name, if different from above LAYNE A GRANITE COMPANY	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1800 HUGHES LANDING BLVD., SUITE 800	Requester's name and address (optional)
6 City, state, and ZIP code THE WOODLANDS, TX 77380	
7 List account number(s) here (optional)	

Part 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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4	8	-	0	9	2	0	7	1	2												

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Sarah Kieffer</i>	Date ▶ <i>1/24/19</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Layne
1301 E. Main Street
Louisville, KY 40206
t 502-585-1241
graniteconstruction.com

July 8, 2019

City of Greenfield
Water Utility
451 Meek Street
Greenfield, IN 46140

Subject: Water Well Cleaning and Maintenance Quote

Layne is pleased to submit the attached quote for your consideration. In response to the checklist in your request for quote:

2a. Attached

2b. Service truck with tooling, 18 ton hydra-crane, 375 cfm air compressor, twin-disc pneumatic surge components, downhole televised survey van, pull behind trailer

2c. Layne has been providing water well and pump services for municipal and industrial clients throughout Indiana and the rest of the United States for over 100 years, including recent and/or on-going work in Knightstown, Hagerstown, Milton, Richmond, Union City, and Winchester, in your area.

2d. Attached

2e. To be submitted upon award

2f. Attached

2g. Attached

2h. Attached

2i. Evidence of Insurance attached; actual to be submitted upon award of the project.

2j. See 2f attached