

**EL PASO WATER
PURCHASING DEPARTMENT
1154 HAWKINS BLVD.
EL PASO, TEXAS 79925**

ANTISCALANT AND CLEAN IN PLACE CHEMICALS

BID NUMBER 60-22

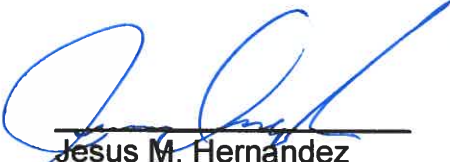
ADDENDUM NUMBER 2

March 29, 2022

Attention of all bidders is directed to the following addendum to this Bid Proposal:

A. Please include the following documents in your BID 60-22.

Bidder shall acknowledge receipt of this addendum and submit this acknowledgment with their bid submittal. Failure to acknowledge addendum(s), may result in rejection of bid.



Jesus M. Hernandez
Procurement Analyst

BIDDER'S ACKNOWLEDGEMENT OF RECEIPT



RGuevara



BID PROPOSAL TO EPWater

1154 HAWKINS BLVD., EL PASO, TX 79925
Phone: 915/594-5628 Fax: 915/594-5689

The undersigned bidder offers to furnish all the materials, supplies, equipment and /or services shown below in accordance with specifications, terms and conditions set forth herein. Note: The "INSTRUCTION TO BIDDERS" are attached on the last two pages of this bid proposal document and are applicable, unless otherwise stated within the bid proposal document.

SUBJECT: Antiscalant and Clean in Place Chemicals (Addendum 2)
BID NUMBER: 60-22
BID DEADLINE: 10:30 A.M MOUNTAIN TIME, SEPTEMBER 8, 2022
TO BE OPENED: 11:00 A.M. MOUNTAIN TIME, SEPTEMBER 8, 2022

RESERVATION OF RIGHTS

- a. If only one or no Bid response is received by "submission date", EPWater has the right to reject, re-propose, accept, and/or extend the Bid by up to an additional two (2) weeks from original submission date.
- b. The right to reject any/or all Bids and to make award as they may appear to be advantageous to EPWater.
- c. The right to hold Bid for ninety (90) days from submission date without action, and to waive all formalities in Bid.
- d. The right to extend the total Bid beyond the original ninety (90) day period prior to an award if agreed upon in writing by both parties and if the Bid holds firm.
- e. The right to eliminate all or any part of the unfinished portion of the work resulting from this solicitation within thirty (30) days written notice upon default by the firm for delay, non- performance by the firm, or if it is deemed in the best interest of the EPWater for convenience.
- f. EPWater reserves the right to reject any and all qualification statements and to accept the Bid it considers in its best interest based upon the requirements and descriptions outlined in this Bid.

This bid will be awarded by the Public Service Board at their regularly scheduled meeting.

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Appendix A – KBHDP Feed Water Quality Data¹

Parameters, mg/L	EPWU Quarterly Sample	EPWU Quarterly Sample	Design WQ for Dose Selection
Sample Date	05/20	10/20	
Chloride, mg/L	1150	1410	1410
Sulfate, mg/L	294	364	364
Fluoride, mg/L	-	<2	0.6
Nitrate, mg/L	-	<2	0.1
Alk, Carbonic Acid mg/L	4.7	4.5	4.7
Alk, Bicarbonate mg/L	103.7	97.5	103.7
Alk, Carbonate, mg/L	0.2	0.2	0.2
Alk, Total, mg/L as CaCO ₃	89	84	89
Conductivity	4240	5420	5420
pH	7.6	7.5	7.6
Orthophosphate mg/L	<0.1	<0.1	0.1
TDS, mg/L	2420	3090	3090
Turbidity	0.1	0.1	0.1
Ca, mg/L	124	169	169
Fe, mg/L	0.056	0.035	0.056
Mg, mg/L	31.2	37.3	37.3
K, mg/L	14.9	16.1	16.1
SiO ₂ , mg/L	26.2	34.0	34.0
Na, mg/L	738	814	814
As, ug/L	9.4	10.7	10.7
Mn, mg/L	0.049	0.067	0.067
Ba, mg/L	-	0.069	0.11
Sr, mg/L	-	-	2

1. Values listed are representative of typical historical water quality. Actual water quality may vary slightly depending on source well operation and blend. Values to be confirmed by selected supplier at the beginning of jar testing.
2. Well water quality for all feed wells will be provided for evaluation to those SUPPLIERS that have expressed to the UTILITY in writing their intent to run a pilot study as part of the requirements of this RFP.

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Reference #1:

Facility Name: _____

Location / Facility Address: _____

Point of Contact: _____

Average Consumption: _____ mg/L _____ lb/day

Reference #2:

Facility Name: _____

Location / Facility Address: _____

Point of Contact: _____

Average Consumption: _____ mg/L _____ lb/day

Reference #3:

Facility Name: _____

Location / Facility Address: _____

Point of Contact: _____

Average Consumption: _____ mg/L _____ lb/day

Reference #4:

Facility Name: _____

Location / Facility Address: _____

Point of Contact: _____

Average Consumption: _____ mg/L _____ lb/day

Reference #5:

Facility Name: _____

Location / Facility Address: _____

Point of Contact: _____

Average Consumption: _____ mg/L _____ lb/day