

HAWAII STATE DEPARTMENT OF EDUCATION  
PROCUREMENT AND CONTRACTS BRANCH

AUGUST 19, 2024

**ADDENDUM A**

TO

INVITATION FOR BIDS

**IFB D24-144**

TO

**PROVIDE MAINTENANCE AND REPAIR OF  
INDIVIDUAL WASTEWATER SYSTEMS (IWS) FOR VARIOUS  
SCHOOLS OF THE HAWAII STATE DEPARTMENT OF EDUCATION  
ON THE ISLANDS OF OAHU, MAUI, AND KAUAI**

---

**The following changes are hereby provided and incorporated into IFB D24-144:**

**PART I: CHANGES TO THE IFB**

- A. Exhibit A Offeror Information is deleted in its entirety and replaced with the attached. Additionally, a new Additional Offer Page has been posted.**

Offeror: \_\_\_\_\_

**EXHIBIT A**

**OFFEROR INFORMATION**

Offeror shall provide the Exhibit A, including attachments if applicable, within three (3) working days from STATE's request.

**A. LICENSE AND/OR PERMIT**

At the time of bidding and throughout the contract period, Offeror must have a current State of Hawaii Contractor's C-37, C-43, or Wastewater Operator License to provide the wastewater treatment on file with/as issued by Hawaii State Board of Certification of Operating Personnel in Wastewater Treatment Facilities.

State of Hawaii C-37, C-43, or  
Wastewater Operator Plumbing  
Contractor License Number: \_\_\_\_\_

**B. COMPANY EXPERIENCE**

Offeror shall have a minimum of five (5) consecutive years of experience in maintaining septic systems. Offeror must be able to produce documentation to substantiate both experience and compliance requirements upon request.

Number of consecutive years of  
experience in the field of inspection,  
testing, certification and repair of IWS \_\_\_\_\_ Years

**C. OFFICE LOCATION**

At the time of bid submittal, Offeror shall have an office location located in the State of Hawaii from where business is conducted and from where the company is accessible to telephone calls for complaints, trouble calls, and emergency services or requests that need immediate attention are received and processed, and where personnel are dispatched. An answering machine is not acceptable.

**Office Location**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Telephone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

Normal Business Hours \_\_\_\_\_

Offeror: \_\_\_\_\_

**D. POINT OF CONTACT**

Offeror shall designate at least one (1) employee as the STATE point of contact (POC) for this contract. This individual shall be based in Hawaii and available during regular business hours, Monday through Friday excluding holidays, and shall be capable of answering questions, resolving problems, and providing sales, ordering, and follow-up assistance.

Name of POC and Cellular No. \_\_\_\_\_

E-mail Address (if available) \_\_\_\_\_

**E. PERSONNEL**

Offeror shall have an adequate number of employees assigned to provide services included in this contract, all who are qualified to perform IWS maintenance and service under this contract. All employees must be regular and full-time employees of the Offeror and must have a minimum of two (2) consecutive years of IWS maintenance and service experience immediately prior to bid opening date. For each employee, Offeror shall provide names and other requested information.

1 Employee Name \_\_\_\_\_

IWS Maintenance Qualification: \_\_\_\_\_

Regular and Full Time Employee? \_\_\_\_\_

Two (2) Consecutive Years IWS  
Maintenance and Service Experience? \_\_\_\_\_

2 Employee Name \_\_\_\_\_

IWS Maintenance Qualification: \_\_\_\_\_

Regular and Full Time Employee? \_\_\_\_\_

Two (2) Consecutive Years IWS  
Maintenance and Service Experience? \_\_\_\_\_

Offeror: \_\_\_\_\_

- 3 Employee Name \_\_\_\_\_
- IWS Maintenance Qualification: \_\_\_\_\_
- Regular and Full Time Employee? \_\_\_\_\_
- Two (2) Consecutive Years IWS Maintenance and Service Experience? \_\_\_\_\_

**F. REFERENCES**

Offeror shall list at least three (3) companies or government agencies to whom Offeror was or is providing maintenance and repair of wastewater treatment systems and who can attest to the reliability of Offeror's services and personnel. The STATE reserves the right to contact the references listed to inquire about Offeror's past and/or current performance.

**Reference 1**

POC Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Reference 2**

POC Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Reference 3**

POC Name \_\_\_\_\_

Offeror: \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_