CHEMEHUEVI INDIAN TRIBE
Chemehuevi Indian Reservation
1980 Palo Verde Dr, Havasu Lake, CA 92363
Phone 760-284-3795x221

IHS PROJECT PH23-W33, WA14-25
CHEMEHUEVI WELL SITE IMPROVEMENTS
REQUEST FOR QUOTES

ADDENDUM #2

1. **Hammond, supplier of the specified HTS-10-P2 chlorination system, has requested the attached chlorination site survey form and additional operating information required to confirm proper sizing/application of the system. Please review the attached form and provide the requested design and operating information.**

2. **At minimum, please provide:**
   - **Well operating flow rates (normal/minimum/maximum if applicable)**
   - **Chlorine treatment criteria / target residual requirements**
   - **Operating / line pressure at injection point**
   - **Point of chlorine injection**
   - **System operating/control requirements relevant to chlorinator sizing and operation**

3. **Sheet E3, Note 5 indicates that shade structure will be provided and installed by others. Please confirm that is correct.**

   The shade structure is to be provided and installed by the Prime Contractor and/or their Subcontractors.

4. **The bid bond forms show an incorrect bid due date. Will you be re-issuing an updated form or is it acceptable to submit our bonds on this current one?**

   An updated bid bond form has been uploaded to the Chemehuevi website. Please use the updated form on the website when submitting a bid.

5. **Sheet M10 indicates a minimum width of 52" for the shade structure/rack assembly; however, the overall length is not shown. Please provide overall dimensions for bidding purposes.**

   The contract documents do not define a fixed overall length for the shade structure/rack assembly.

   The intent is that the structure be sized to accommodate the Remote I/O Panel, Battery Enclosure, and Remote Monitoring Control Panel, including all required clearances for safe installation, operation, and maintenance in accordance with applicable codes and manufacturer requirements.

   Contractor shall determine and coordinate the final dimensions based on the selected equipment and layout. Submit shop drawings indicating overall dimensions and required clearances for review and approval prior to fabrication.

   If proposed dimensions deviate significantly from typical equipment layouts or raise constructability concerns, they will be subject to further review.

6. **Specifications call for a radiator-mounted 100kW load bank at the generator enclosure. Generator vendor has advised that a radiator-mounted load bank of this size would exceed the allowable weight capacity of the weatherproof enclosure and may cause damage. Please confirm if a freestanding/pad-mounted 100kW load bank will be accepted in lieu of the specified radiator-mounted configuration.**

A free standing/pad-mounted 100kW load back will also be accepted in lieu of the specified radiator-mounted configuration.

7. Time Extension:

The following dates for the advertisement will be extended.

- *New Bid Due Date: Wednesday, June 3rd at 4pm local time*
- *New Bid Opening Date: Thursday, June 4th at 1pm local time*

END OF ADDENDUM #2

Site Survey

TABLET CHLORINATION APPLICATION DATA

POTABLE WATER

Customer _____ Hammonds Quote #_____

Address_____ City/State/Zip_____

System Installation Location_____

Contact:_____ Phone_____ Email_____

TYPE OF WATER TO BE TREATED

Well__X__ Booster Station_____ Other_____

WATER SOURCE

Well__X__ Surface _____ Lake_____ Stream_____ Other_____

SYSTEM FLOW RATE IN GPM or GPD Normal 145k GPD Minimum_____ Maximum_____

SYSTEM OPERATION: Continuous_____ Intermittent __X__ Avg Hours per day__5__

OPERATING PRESSURE: Low Pressure__20__ Maximum PSI_____ Average PSI_____

LINE PRESSURE AT POINT OF CHLORINE INJECTION __50 - 60__ PSI

POINT OF INJECTION: Tank_____ Tank Size_____ Pipeline__X__ Clear Well_____

How far is the chlorination system from the point of injection__1.5__ feet

Is the point of injection Above the system_____ Below the system_____ Into the side

WHAT IS THE TARGET CHLORINE RESIDUAL LEVEL AFTER INJECTION IN PPM:__0.45 - 0.90__

WHAT IS THE AVERAGE CHLORINE LEVEL PRIOR TO TREATMENT IN PPM__0__

WHAT IS THE AVERAGE CHLORINE DEMAND__1 - 2 tablets per day__

TREATED WATER IS USED FOR Potable/drinking__X__ System/surface disinfection_____

Food handling_____ Other_____

AVERAGE WATER TEMPERATURE AT TREATMENT POINT: __70__ °F Ambient Low__30__ °F High__128__ °F

SYSTEM INSTALLATION: Inside__X__ Outside _____ Outside but covered _____

If the system will be inside, is the room well ventilated?__X__ yes _____ no

Room heated/cooled No Is other electrical equipment located in the room? X Yes ____No

SYSTEM SOURCE WATER: Potable X Line Pressure 20-60 PSI Flow Rate Available 480 GPM

Size water line to system_____Inches Filled and pressurized at all times?_____Yes X No

POWER AVAILABLE: Volts/Amps/Phase/Cycle 120 V & 240 V

Will the system be operated manually or automatically? Explain Automatically, rarely manually

THE SYSEM WILL BE PACED BY: A chlorine Analyzer_____ A process flow meter X Manually_____

ARE THERE SCADA REQUIREMENTS? Remote monitoring technology will be integrated, but not SCADA.

Are you currently chlorinating and if so, what type of chlorination are you using?

Calcium Hypochlorite X Bleach_____ Gas _____ Pounds per/hr_____ Per day_____ 1 - 1.5 tabs per day, 45 lbs per month

Anything else we need to know?_____

_____

Person providing data:_____Title_____Phone_____

System Sketch or other details: