



Department of Purchasing & Contracting  
1300 Commerce Drive, 2<sup>nd</sup> Floor  
Decatur, Georgia 30030  
Fax: (404) 371-7006

**Date: October 8, 2024**

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## **Request for Quotation No. 24-3003815 Pneumatic Pumps for Gas Collection Wells**

DeKalb County, Georgia is requesting a quotation for the following:

**I. Proposed Term:**

Effective immediately upon Notice of Award for one year.

**II. Attachments:**

- A. Scope of Work
- B. Quote
- C. Reference Form and Reference Check Release Statement
- D. Bidder Affidavit

**III. Payment Terms:**

Net 30

**IV. Scope of Work:**

See Attachment A

**V. Federal Work Authorization Program:**

All qualifying contractors and subcontractors performing work with DeKalb County, Georgia must register and participate in the federal work authorization program to verify the work eligibility information of new employees. In order for a Quotation to be considered, it is mandatory that the Bidders Affidavit, Attachment E, be completed with bidder's proposal.

**VI. Due Dates:**

All questions are due to Marcy L Van Kirk via email at [mlvankirk@dekalbcountyga.gov](mailto:mlvankirk@dekalbcountyga.gov) on or before 5:00 p.m. EST on October 14, 2024

**Quotes are due on or before 3:00 p.m. EST on October 21, 2024. Bidder must complete and return all attached forms via email to [mlvankirk@dekalbcountyga.gov](mailto:mlvankirk@dekalbcountyga.gov).**

Thank you for your interest in doing business with DeKalb County.

Sincerely,

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Marcy L. VanKirk  
Procurement Technician  
Department of Purchasing and Contracting

## **SCOPE OF WORK**

### **ATTACHMENT A**

#### **INTRODUCTION:**

DeKalb County Public Works-Sanitation Division (hereafter called the “Sanitation Division”) is seeking quotations from all interested and qualified vendors who specialize in pneumatic pumps.

#### **SCOPE OF WORK:**

The Pneumatic Pumps will be used for gas collection and control wells at Seminole Road Landfill. Each pump is purposed for water control in the GCCS (gas Collections and Control Systems) wells to allow methane to stay under vacuum.

#### **MINIMUM SPECIFICATIONS:**

1. Pump shall include, but not limited to the following:
  - a. Controller-less pneumatically operated
  - b. Non-erosion coated
  - c. 316 SS metallic parts
  - d. 5-Year parts and labor warranty
  - e. Maximum operation temperature at 210F
  - f. Chain harness
2. Each designated pump will be shipped and delivered to Seminole Road Landfill, 4203 CleveMont Road, Ellenwood, GA 30294.
3. The unit price shall include shipping/freight cost.
4. Bidder shall submit with his/her bid pump description, photo and brochure of the pump. The estimated quantity is for the annual purchase. The actual quantity purchased maybe more or less.
5. Additional items are purchased as needed.

**QUOTE FORM**  
**ATTACHMENT B**

Item No.	Description	ESTIMATED QUANTITY	UOM
1	Pneumatic Bottom Loading Pump (Pump Only). <i>Note: Bidder shall submit pump description, picture and brochure with this bid.</i>	10	\$/_____/ea.

**ADDITIONAL ITEMS**

2	Pump Fitting Kit		\$/_____/ea.
4	Air Intake Kit		\$/_____/ea.
5	Air Intake Valve, Manifold 1"		\$/_____/ea.
6	Well Seal, 8"		\$/_____/ea.
7	Tubing - Tri Bundle Nylon - Jacketed, Air Supply 1/2" OD, Air Exhaust 5/8" OD, Discharge 1" OD, Max Pressure - 525 PSI.		\$/_____/per foot

Bidder Name: \_\_\_\_\_

Bidder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Quote Statement**

The undersigned, as Responder, declares that he has carefully examined, RFQ No.24-3013851 Pneumatic Pumps for Gas Collection Wells, the Specifications therein contained, and that he/ she proposes and agrees that if his/ her bid is acted, to provide the necessary services, equipment and labor specified in the RFQ, or necessary to complete the work in the manner therein specified within the time specified, as therein set forth for the following event amount which sum is hereinafter referred to as the "Total Bid."

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Signer (Typed or Printed)

**ATTACHMENT C**

**REFERENCE FORM AND REFERENCE CHECK RELEASE STATEMENT**

List below at least three (3) references, including company name, contract period, contact name, email address, telephone numbers and project name of individuals who can verify your experience and ability to perform the type of service listed in the solicitation.

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Name	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Name	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Name	

**REFERENCE CHECK RELEASE STATEMENT**

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

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(Authorized Signature of Proposer)  
Company Name \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT D**  
**QUOTER AFFIDAVIT**

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the bidder submitting a bid, contractor, firm or corporation which is contracting with DEKALB COUNTY, GA, a political subdivision of the State of Georgia, has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91, as amended]. The affiant agrees to continue to use the federal work authorization program throughout the contract period.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the COUNTY, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91, as amended, on the Subcontractor Affidavit form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the COUNTY, within five (5) days from when the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
BY: Authorized Officer or Agent Federal Work Authorization Identification Number  
\_\_\_\_\_  
(Bidder's Name) Enrollment Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Bidder

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Company Name & Address (do not include a post office box)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_