PART A

QUALIFICATION SUBMISSION

THE CITY OF WINNIPEG

Form A: Qualification Application

1. Project Title

Request for Qualifications for the Supply and Installation of Cured-In-Place Pipe (CIPP)

2. Applicant

_____
Name of Applicant

_____
Street

_____
City Province Postal Code

3. Contact Person

The Applicant authorizes the following contact person to represent the Applicant for the purposes of the Application.

_____
Contact Person Title

_____
Telephone No. Facsimile No.

4. Request

The Applicant wishes to be considered as pre-qualified Suppliers and Installers for CIPP Liner Systems in the City of Winnipeg, in 2007.

5. Qualification

The Applicant has completed Form B - Qualification-Supplier and Form C - Qualification-Installer, appended hereto.

6. Addenda

The Applicant certifies that the following addenda has been received, and agrees that they shall be deemed to form a part of this Pre-qualification request.

No. _____ Dated _____

No. _____ Dated _____

No. _____ Dated _____

THE CITY OF WINNIPEG

Form A: Qualification Application

7. Signatures

In witness whereof the Applicant or the Applicant's authorized official or officials have signed this

_____ day of _____ , 20_____ .

Signed and sealed in the presence of:	)	Signature of Applicant or Applicant's Authorized Official or Officials
_____	)	_____
(Witness)	)	
	)	_____
	)	(Print here name and official capacity of individual whose signature appears above)
_____	)	_____
(Witness)	)	
	)	_____
	)	(Print here name and official capacity of individual whose signature appears above)

SEAL

THE CITY OF WINNIPEG

Form B: Qualification - Supplier

1. Name: _____

2. Address/Phone Number/Fax: _____

   _____

3. Contact Person (Name/Title/Phone/Fax): _____

   _____

4. Number of years experience supplying Liner Systems: _____

5. Proposed Liner System Name(s)
   for standard domestic sewage:

   _____

   _____

   _____

6. Provide details of the Liner System(s) in accordance with the requirements of Sections C2, C3, and C4. Complete all shaded areas of Table B1 (numeric values shall be a single value used for design calculations, not a range of values). Attachments shall be provided (e.g. third party test results) to support the information indicated in Table B1. The attachments shall be marked and grouped in accordance with the reference numbers indicated in the right column of Table B1.

7. Attach the design procedures (Attachment No. 7) in accordance with the requirements of Section C2, applicable to:

   (a) Assessment of pre- and post-lining hydraulic capacity

   (b) Structural design for
      i) partially deteriorated pipe condition
      ii) fully deteriorated pipe condition
      iii) segment missing from host pipe
      iv) small holes in host pipe
      v) non-circular cross sections

_____
NAME OF APPLICANT

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Form B: Qualification – Supplier

Table B1: Liner System

Materials:				
Liner System Name				**Attachment No.'s**
Resin: Name, Type, Manufacturer				**1***
Tube: Name, Type, Manufacturer				**2***
Tube Tensile Strength to ASTM D5035 (MPa)				**3***
Design				
Liner System Name				
Flexural Strength to ASTM D790 (MPa)				**4***
Flexural Modulus to ASTM D790 (MPa)				**4***
Flexural Creep Modulus projected to 50 Years to ASTM D2990 (MPa)				**5***
Chemical Resistance to ASTM F1216				**6***
Enhancement Factor (based on close fit)				
Poisson's Ratio				
Experience				
		In North America	In North America	In North America
Diameters less than or equal to 900mm (min. 10,000m)	Years in Service:			
	Length Installed (metres):			
Diameters greater than 900mm (min. 1,000m)	Years in Service:			
	Length Installed (metres):			
Non-circular cross sections (min. 1,000m)	Years in Service:			
	Length Installed (metres):			

***** attach copies of third party test results in accordance with the requirements herein

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Form B: Qualification – Supplier

8. Technical personnel (name, title, duties) responsible for Liner System design, installation and quality control procedures. Attach a brief resume. (Attachment No. 8).

9. Describe installation and quality control procedures to be followed and monitored during Liner System fabrication and installation, including but not limited to the following:

Tube Manufacturing (including size, seams (longitudinal and between layers) and integrity)

Resin Storage and Mixing

Wet-Out

Liner Transportation and Storage

Liner Insertion

Curing and Cool Down (required pressures and temperatures)

Repairs to Holes (made in the liner during wet out, for the purpose of adding resin)

Other

NAME OF APPLICANT

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Form B: Qualification – Supplier

Table B2: Supplier Experience

Provide three project references, including at least one project to demonstrate experience with large diameter (greater than 900mm) and one project to demonstrate experience with non-circular cross sections. The CIPP liner installations must have been completed prior to December 31, 2004.

	Project #1	**Project #2** **Large Diameter (>900mm)**	**Project #3** **Non—Circular Cross Section**
Project Name:			
Location:			
Description (diameter/ dimensions, length, depth, unique conditions, etc.):			
Installation Date:			
Value:			
Client Contact: Name, telephone number			

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Form C: Qualification – Installer

1. Installer's Name: _____

2. Installer's Address/Phone Number/Fax: _____

_____

3. Year Established: _____

4. Contact Person (Name/Phone/Fax): _____

_____

5. Designer proposed for the project (name, title, duties) responsible for the Liner System design. (Attachment No. 9)

_____

_____

_____

6. Project Manager proposed for the project (name, title, duties) responsible for overall project organization, control and scheduling. Attach a brief resume. (Attachment No. 10)

_____

_____

_____

7. Site Superintendent proposed for the project (name, title, duties) responsible for day-to-day site operations and installation activities. Attach a brief resume. (Attachment No. 11)

_____

_____

_____

_____
NAME OF APPLICANT

THE CITY OF WINNIPEG

Form C: Qualification – Installer

8. Provide details of Installer training (i.e. names of individuals who have completed the training) including but not limited to the following:

Courses Attended

Field Demonstrations Attended

Project Work Completed

9. Describe installation and quality control procedures to be followed and monitored during Liner System assembly and installation including but not limited to the following:

Resin Mixing and Wet-Out

Liner Transportation and Storage

Bypassing Pumping

NAME OF APPLICANT

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Form C: Qualification – Installer

Liner Repair (e.g. Tear)

Liner Insertion (Circular and non-circular)

Curing and Cool Down (process and monitoring procedures)

Dye Trace Testing & Service Connection Reinstatement

Test Samples (method of securing confined samples)

Other

NAME OF APPLICANT

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Form C: Qualification – Installer

10. Provide installation procedures for partial length sewer lining via single manhole access (blind shot) including but not limited to length and diameter limitations, resin, tube, curing, etc:

11. Provide installation procedures for localized trenchless point repairs (length 1 – 9 m) including but not limited to length, diameter and location limitations, resin, tube, curing method, securing and testing of field samples, etc:

12. If the Installer is working under license to a Supplier, provide a copy of the license or certificate detailing the conditions of the License.

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Form C: Qualification – Installer

Table C1: Designer Experience

Provide a listing of projects completed by the Designer to satisfy the requirements of C6.2

Designer Name:_____

Project Name	Contact Name & Phone Number	CIPP Installation Details			
		Installation Date	Length installed **(must total a minimum of 5000 metres)**		
			≤ 900mm Ø	> 900mm Ø **(minimum 500m)**	non-circular **(minimum 500m)**

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Form C: Qualification – Installer

Table C2: Project Manager Experience

Provide a listing of projects completed by the Project Manager to satisfy the requirements of C6.2

Project Manager Name:_____

Project Name	Contact Name & Phone Number	CIPP Installation Details			
		Installation Date	Length installed **(must total a minimum of 5000 metres)**		
			≤ 900mm Ø	> 900mm Ø **(minimum 500m)**	non-circular **(minimum 500m)**

NAME OF APPLICANT

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Form C: Qualification – Installer

Table C3: Site Superintendent Experience

Provide a listing of projects completed by the Site Superintendent to satisfy the requirements of C6.2

Site Superintendent Name:_____

Project Name	Contact Name & Phone Number	CIPP Installation Details			
		Installation Date	Length installed **(must total a minimum of 5000 metres)**		
			≤ 900mm Ø	> 900mm Ø **(minimum 500m)**	non-circular **(minimum 500m)**

NAME OF APPLICANT