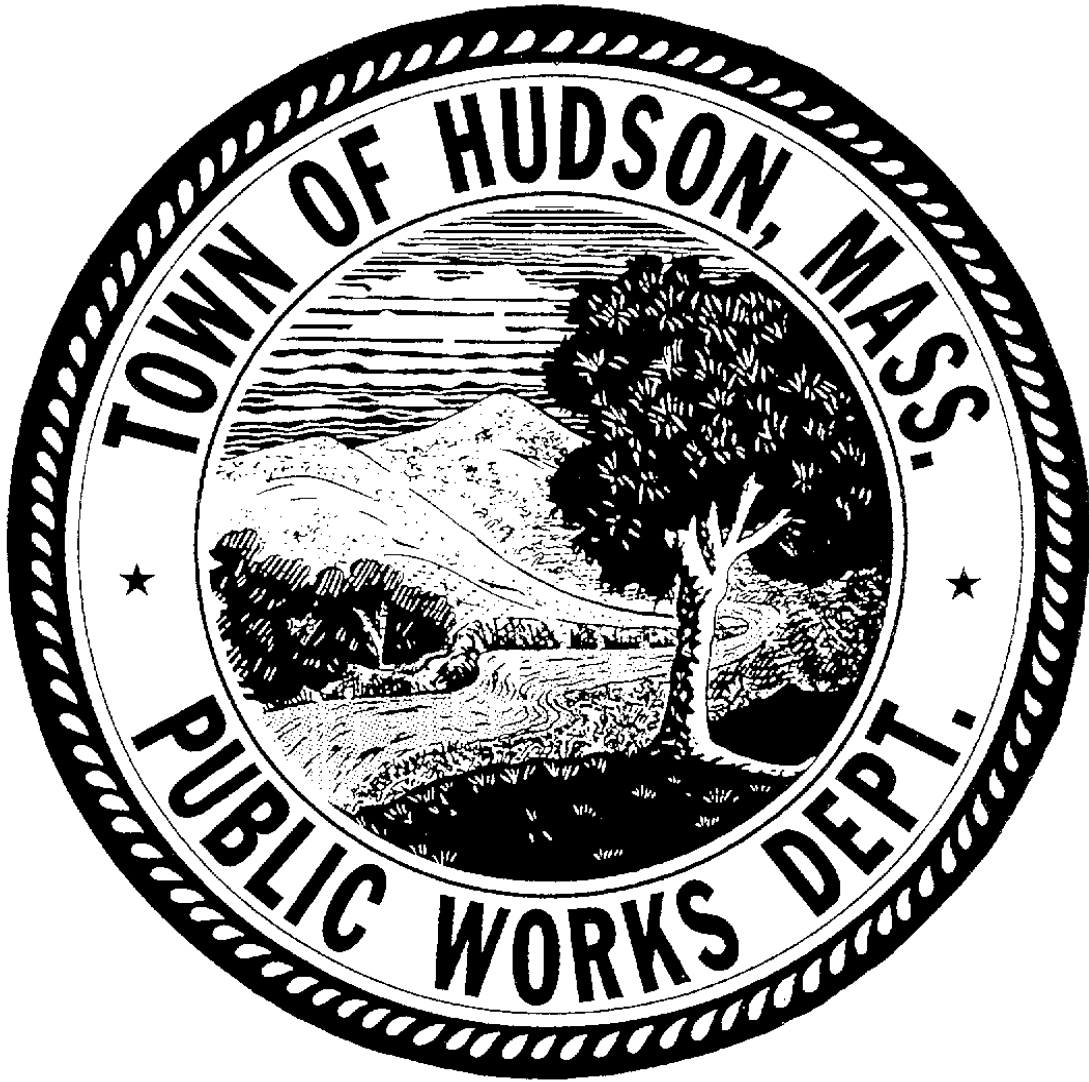


FY '25  
CONTRACT DOCUMENTS  
FOR  
7. WATER QUALITY TESTING AND REPORTING



ERIC RYDER  
DIRECTOR

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ASSISTANT DIRECTOR

TOWN OF HUDSON  
DEPARTMENT OF PUBLIC WORKS  
1 MUNICIPAL DRIVE  
HUDSON MA 01749

## EXHIBIT A

### INVITATION TO BID

#### MATERIALS & SERVICES

Sealed proposals will be received at the Office of the Director of Public Works, 1 Municipal Drive, Hudson, MA 01749, until 10:00 A.M., Wednesday, April 24<sup>th</sup>, 2024 at which time all bids will be publicly opened and read for the purpose of providing the Town of Hudson, Department of Public Works the following:

Proposal must be on forms furnished by the Director of Public Works and will be available on and after Monday, April 8<sup>th</sup>, 2024.

All material bids may be obtained at following link or contact DPW Office 978-562-9333.

#### **FY'25 Material Bid Specifications**

<https://www.townofhudson.org/departments-public-works/pages/bid-packages>

1. BITUMINOUS CONCRETE (AT PLANT)
2. COLD PATCH
3. CRUSHED STONE ¾"
4. CEMENT CONCRETE
5. CATCH BASIN CLEANING
6. TRAFFIC LINE PAINTING & MARKING
7. WATER QUALITY TESTING
8. WASTEWATER TOXICITY TESTING
9. FERRIC CHLORIDE

Address all proposals to the Director of Public Works, 1 Municipal Drive, Hudson, MA 01749.

**PLEASE SUBMIT ONE BID PER ENVELOPE AND MARK ON ENVELOPE PURPOSE OF BID ENCLOSED.**

The Board of Selectmen must approve any contract issued in response to a successful bid. The Town reserves the right to reject any or all bids.

Minority and Women Businesses are encouraged to bid.

Eric M. Ryder  
Director of Public Works

# TOWN OF HUDSON

## DEPARTMENT OF PUBLIC WORKS

### DRINKING WATER TREATMENT FACILITY

### SPECIFICATIONS

### FOR

## WATER QUALITY TESTING AND REPORTING

#### 1. GENERAL INFORMATION

The Town of Hudson intends to contract for a Water Quality Testing and Reporting Service for the Period from July 1, 2024 to June 30, 2025 as specified. All analysis procedures shall conform to the applicable sections of 310 CMR 22.00, Massachusetts Drinking Water Regulations and Department of Public Health Regulations. All drinking water analysis reports shall be submitted on D.E.P. and/or D.P.H. approved forms or via eDEP as appropriate and certified by the laboratory director. Copies of all reports will also be sent to D.P.W.-Water Division.

#### 2. TESTING AND QUANTITY

Testing of samples for the following parameters shall be performed using approved procedures as noted above:

##### DRINKING WATER ANALYSIS

##### SAMPLE QUANTITY & FREQUENCY

Alkalinity	12 Samples Per Year (Report on Monthly TOC Form)
Arsenic	13-15 Samples Per Year
Chloride	8-10 Samples Per Year
Copper	128-130 Samples per year
Fluoride	12 Samples Per Year (Monthly Split Sample)
Gross Alpha Particle Activity	1 Sample for 2024
Halo acetic Acids	4 Samples Per Quarter (16 Total)
Inorganics	7-10 Samples Per Year
Iron	13-18 Samples Per Year
Lead	128-130 Samples Per Year
Manganese	13-18 Samples Per Year
Nitrate	7 Samples in 2025
Nitrite	2 Samples in 2024
Perchlorate	3-7 Samples Per Year
PFAS	170-180 Samples Per Year
Radium 226 & Radium 228	1 Sample for 2024
Secondary Contaminants	1-2 Samples Per Year
Trihalomethanes	4 Samples Per Quarter (16 Total)
Total Aluminum*	12 Per Year
Total Coliform	252-260 Samples Per Year
Total Organic Carbon	24 Samples Per Year
VOC's Regulated	10-14 Samples Per Year
SOC'S	2-4 Samples in 2025

**NOTE:** The D.P.W. staff will measure the chlorine residual and record the value on the chain of custody form for each Total Coliform sample. Perform and report the HPC value for any Total Coliform sample that does not have a chlorine residual shown.

\*Testing of non-potable water for the following parameters shall be performed using procedures as noted in Section 1 above or as directed by the D.P.W. Aluminum analysis results shall be reported to the D.P.W. ONLY.

\*Total Aluminum

1 Test Per Month (12 Total)

\*Alum Sludge Lagoon WET (Whole Effluent Toxicity)

1 per year, rolling Quarters.

### 3. **REPORTING**

#### **DRINKING WATER**

A copy of each certified analysis report on applicable D.E.P. and D.P.H. submission forms for each required parameter shall be forwarded within fourteen (14) days of testing to Robert Moriarty, Hudson Water Supply, 1 Municipal Drive, Hudson, MA 01749. The original certified report and one copy shall be submitted to Department of Environmental Protection and Department of Public Health as applicable. The laboratory must be approved and capable to submit reports using the eDEP system. eDEP reporting is required and bidders must submit a copy of your eDEP approval with your bid submittal.

Certified reports shall be submitted to the D.E.P. and/or D.P.H. **no later** than the 10<sup>th</sup> of the month following the sampling month. The testing facility awarded the bid for these services shall be responsible for any and all cost of any fines, resampling, retesting and/or resubmittal of reports due to their failure to submit accurate reports by this deadline.

#### **NON-POTABLE WATER**

Analysis results shall be forwarded within fourteen (14) days of testing to the D.P.W. only. Results shall be tabulated in a report certified by the laboratory director and shall include, as a minimum, date sample taken, sampler's initials, sample identification, date of analysis, results, and method used.

### 4. **NOTIFICATION OF EXCEEDANCES**

The laboratory shall notify the Hudson Public Works-Water Division by telephone at 978-568-9629 and email at [rmoriarty@townofhudson.org](mailto:rmoriarty@townofhudson.org) upon discovery (no later than 24 hours) of an analytical result that exceeds a drinking water standard (MCL) or guideline.

### 5. **LABORATORY ERROR**

If test results are invalid due to laboratory error or do not meet other D.E.P. or D.P.H. submission requirements, then reanalysis and resubmittal of report(s) shall be performed at no cost to the Town of Hudson.

### 6. **SPLIT SAMPLE**

If D.E.P. or D.P.H. requires a split sample, the laboratory shall pay the sampling cost if the initial analysis is disregarded and the Town of Hudson will pay the sampling cost if the split sampling confirms the initial test result.

### 7. **SAMPLE BOTTLES**

The awarded laboratory shall be responsible to provide the sufficient quantity and size sample bottles. Sample bottles shall contain the proper preservative (if required) for the sample to be collected.

The laboratory shall, with bottles supplied, provide a list that clearly describes which bottles and preservatives are for which samples. (See also Item 8 below.)

### 8. **COURIER SERVICE**

Sample bottles for the required tests shall be supplied, delivered to and picked up from the Town of Hudson Gates Pond Water Treatment Facility at an appropriate time for sampling to be performed on the second and third Tuesday of each month. Samples to be analyzed shall be picked up at the facility between 12:30 and 2:30 P.M. on the second and third Tuesday of each month.

### 9. **CERTIFICATION AND PROFICIENCY**

The Commonwealth of Massachusetts shall currently certify the testing facility for at least four (4) of drinking water test parameters listed in Section 2. The testing facility shall supply a copy of each certification with the bid proposal. The testing facility shall also provide certified copies of their five most recent 'Proficiency Sample Testing Results' scores for the drinking water test parameters in Section 2.

The testing facility shall list the Commonwealth of Massachusetts certified laboratory(s) that will be subcontracted to perform the analysis for the parameters which the testing facility is not state certified. This list shall be included in the bid proposal.

#### WATER QUALITY TESTING AND REPORTING (CONTINUED)

Testing facility shall be approved for the analysis methods of all the List 1 analytes except perchlorate.

Within fourteen (14) days of bid award, the test facility receiving the award, shall supply copies of certifications(s) and certified copies of the five most recent 'Proficiency Sample Testing Results' scores for the drinking water test parameters in Section 2 for all sub-contracted laboratories listed in the bid proposal.

**10. INSURANCE**

The awarded testing facility shall provide the Town of Hudson with a Certificate of Insurance indicating coverage for Workers' Compensation in accordance with State Regulation, Professional Liability Coverage in the amount of \$1,000,000 limit per claim, Automobile Liability as required and General Liability in the amount of \$1,000,000. The Town of Hudson shall be named as an additional insured and shall be notified in writing 30 days in advance of cancellation.

**11. ADDITIONAL TESTING**

The Town of Hudson may require from time to time an additional test(s) of those listed. The awarded facility shall provide those tests at the same price as submitted on the bid proposal for each test parameter.

**12. REVENUE ENFORCEMENT**

The awarded facility shall provide the Town of Hudson a Certificate of Compliance with the Revenue Enforcement and Protection Act.

**REQUIRED BID FORM PAGE 1 OF 2**BID FOR: **WATER QUALITY TESTING & REPORTING SERVICE** (SEE PAGE 2 FOR FREQUENCY)

<b>ANALYSIS DESCRIPTION</b>	<b>TOTAL ESTIMATED QUANTITY</b>	<b>BID PRICE PER TEST</b>	<b>TOTAL ANALYTE ANNUAL PRICE</b>
ALKALINITY	12	_____	_____
ARSENIC	13-15	_____	_____
CHLORIDE	8-10	_____	_____
COPPER	128-130	_____	_____
FLUORIDE	12	_____	_____
GROSS ALPHA PARTICLE ACTIVITY	1 (2024)	_____	_____
HALOACETIC ACIDS	16	_____	_____
INORGANICS	7-10	_____	_____
IRON	13-18	_____	_____
Lagoon WET	1	_____	_____
LEAD	128-130	_____	_____
MANGANESE	13-18	_____	_____
NITRATE	9 (2024)	_____	_____
NITRITE	2 (2024)	_____	_____
PERCHLORATE	3-5	_____	_____
PFAS	170-180	_____	_____
RADIUM 226 & RADIUM 228	1 (2024)	_____	_____
SECONDARY CONTAMINENTS	1-2	_____	_____
TRIHALOMETHANES	16	_____	_____
TOTAL ALUMINUM	12	_____	_____
TOTAL COLIFORM	252-260	_____	_____
TOTAL ORGANIC CARBON	24	_____	_____
VOC'S REGULATED	10-14	_____	_____
<b>TOTAL LABORATORY ANALYSIS BID PRICE</b>			_____

## REQUIRED BID FORM-PAGE 2 OF 2

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
(PLEASE PRINT)

TITLE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E MAIL: \_\_\_\_\_

INDIVIDUAL AUTHORIZED TO SUBMIT BID: \_\_\_\_\_  
(PLEASE PRINT)

DATE: \_\_\_\_\_  
(SIGNATURE)

**CERTIFICATE OF NON-COLLUSION**  
**Chapter 30B, § 10**

"The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals."

\_\_\_\_\_  
INDIVIDUAL OR CORPORATE OF PROPOSER

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED AGENT

\_\_\_\_\_  
DATE



# CERTIFICATE OF TAX COMPLIANCE

Pursuant to Massachusetts General Law Chapter 62C, § 49A, I hereby certify under penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL I.D. NUMBER

\_\_\_\_\_  
SIGNATURE: INDIVIDUAL OR CORPORATE OFFICER

\_\_\_\_\_  
DATE

**PLEASE PRINT:**

CORPORATE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

- Your Social Security Number or Federal Identification Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Proposers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended. This request is made under the authority of M.G.L. Ch. 62C, §48A.

**CERTIFICATE OF AUTHORITY  
MEETING OF BOARD OF DIRECTORS**

At a meeting of the Directors of the \_\_\_\_\_ duly called  
(Corporation)

and held at \_\_\_\_\_ on the \_\_\_\_\_ day of

\_\_\_\_\_, in the year \_\_\_\_\_ at which a quorum was present and acting, it was

voted, that \_\_\_\_\_ the \_\_\_\_\_ of this Corporation  
(Name) (Title/Position)

is hereby authorized and empowered to submit a bid, make, enter into, sign, seal and deliver, on behalf of this Corporation a Contract for

\_\_\_\_\_  
(Brief Description)

with the Town of Hudson, and to issue any bid, performance, or payment bonds if required in connection with such Contract.

I hereby certify that the above is a true and correct copy of the record, that said vote has not been amended or repealed and is in full force and effect as of this date, and

that \_\_\_\_\_ is duly elected \_\_\_\_\_ of this Corporation.

\_\_\_\_\_  
**Clerk or Secretary of the Corporation**