

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
Regional Manager/Real Property  
Contracting/PWGSC  
Ontario Region, Tendering Office  
12th Floor, 4900 Yonge Street  
Toronto, Ontario  
M2N 6A6  
Ontario

**SOLICITATION AMENDMENT**  
**MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

**Comments - Commentaires**

**Vendor/Firm Name and Address**  
Raison sociale et adresse du  
fournisseur/de l'entrepreneur

**Issuing Office - Bureau de distribution**  
Regional Manager/Real Property Contracting/PWGSC  
Ontario Region, Tendering Office  
12th Floor, 4900 Yonge Street  
Toronto, Ontario  
M2N 6A6  
Ontario

<b>Title - Sujet</b> Hastings, ON - Foam Injection	
<b>Solicitation No. - N° de l'invitation</b> EQ754-151106/A	<b>Amendment No. - N° modif.</b> 002
<b>Client Reference No. - N° de référence du client</b> R.055746.001	<b>Date</b> 2014-10-28
<b>GETS Reference No. - N° de référence de SEAG</b>	
<b>File No. - N° de dossier</b> PWL-4-37085 (003)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2014-11-04</b>	<b>Time Zone</b> Fuseau horaire Eastern Daylight Saving Time EDT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Dhanna, Sheila	<b>Buyer Id - Id de l'acheteur</b> pw1003
<b>Telephone No. - N° de téléphone</b> (416) 512-5855 ( )	<b>FAX No. - N° de FAX</b> (416) 512-5862
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Trent-Severn Waterway Lock 18 Bridge S Hastings, ON X1X 1X1	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> Raison sociale et adresse du fournisseur/de l'entrepreneur	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> (type or print) <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

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#### Questions and Answers:

Q: This tender calls for a 2 envelope closing, with qualifications in envelope 1 and tender form in envelope 2. The general contractor must have 15 years experience in similar grouting work and projects similar to this project. I don't believe that any of the companies at the site visit have these qualifications as General Contractors. Can we use a subcontractor that would have the needed qualifications and name them as such?

A: The General Contractor could retain a sub with the needed qualifications in order to bid. See Revised Appendix 2, Qualification Form.

Q: Why can a cement based grout product not be used as a cost saving alternative?

A: Cement based grout is not considered suitable.

Q: Under Environmental Procedures, 01 35 43 Page 2, 1.5 Turbidity Control and Drainage Water River: Based on the site conditions and the exiting conditions, what turbidity is being controlled and what water are we pumping? At the site meeting it was our understanding that the lock would be drained to where it was during the meeting? According to our supplier, that material specified is normally used to stop water in emergencies, so what is the requirement for the pumping?

A: The lock has been drained and will remain drained until works are completed, however the contractor should be prepared to dewater their drill holes if they find water within the fractured bedrock. The intension of 01 35 43 Section 1.5 is to provide control for any water the contractor may pump out of the drill holes or bring to site and release during any drilling works or associated site works.

Q: Are we able to submit as substitute as indicated in the response from Addendum One with a cementious grout or epoxy material? It is likely a less expensive option and more structurally sound option as well.

A: High pressure grouting is not considered to be suitable. Cement grout is not considered to be suitable.

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## **APPENDIX 2 - QUALIFICATION FORM -**

### **APPENDIX 2 - QUALIFICATIONS FORM**

#### **MANDATORY QUALIFICATIONS AND SUBMISSIONS**

1a. Each proponent **MUST** either demonstrate or retain a designated subcontractor with a minimum of fifteen (15) years of experience in the same grouting work. Each proponent and designated subcontractor must have satisfactorily completed construction of two (2) similar projects in the last five (5) years. A similar project is defined as polyurethane foam injection grouting type project successfully completed by the Contractor/Sub. The projects must have similar scope in nature as per the solicitation.

1b. Each Technician, specified to work on this solicitation, **MUST** demonstrate a minimum of three (3) years of experience, and have successfully completed one (1) polyurethane foam injection grouting type project, within the last two (2) years. The projects must have similar scope in nature as per the solicitation.

2. Each Proponent must provide with their bid, information demonstrating that they meet the above criteria (1a and 1b). Bidders must complete the forms included herein or a facsimile, that includes all of the information contained therein. These forms must be included as part of the bid submission in "Envelope One - QUALIFICATIONS"

- Form No. 1 - Contractor's Information
- Form No. 2 – Subcontractor's Information
- Form No. 3 – Proponent: Previous polyurethane foam injection grouting projects (2 clients)
- Form No. 4 – Subcontractor: Previous polyurethane foam injection grouting projects (2 clients)
- Form No. 5 - Technician's Experience

Any Bid that fails to submit the required information or fails to meet any of the mandatory qualifications above shall be declared non-compliant and shall receive no further consideration. In the event that a bid is non-compliant, Envelope Two - PRICE, will be returned unopened

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## APPENDIX 2 - QUALIFICATIONS FORM

### FORM No. 1 CONTRACTOR'S INFORMATION

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE  
1 - QUALIFICATIONS)

Company Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Firms' Main Field of Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## APPENDIX 2 - QUALIFICATIONS FORM

### FORM No. 2 SUBCONTRACTOR'S INFORMATION

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE  
1 - QUALIFICATIONS)

Company Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Firms' Main Field of Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## APPENDIX 2 - QUALIFICATIONS FORM

### FORM No. 3

### PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT PROJECT ONE – GENERAL CONTRACTOR

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE  
1 - QUALIFICATIONS)

Title of Project: \_\_\_\_\_

Name and Location of Work: \_\_\_\_\_

Municipality and Province: \_\_\_\_\_

Description of Work(Foam Grouting): \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

Size of the Project:  
(surface area of the structure) \_\_\_\_\_ Square Metres

Final Value of all Work: \_\_\_\_\_

Name of Project Architect or Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name of Project Client: \_\_\_\_\_

Telephone: \_\_\_\_\_

*This is to certify that we acted as the General Contractor for the project referenced above.*

\_\_\_\_\_  
*Signature*

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CCC No./N° CCC - FMS No./N° VME

## APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT ONE.

Date \_\_\_\_\_

This confirms that \_\_\_\_\_ (insert name of General Contractor)

completed the polyurethane foam injection grouting type Construction/Installation on our location

\_\_\_\_\_ (insert name and address).

The work carried out on this project has been completed to our satisfaction within the contract terms and conditions, schedule and agreed budget.

\_\_\_\_\_  
Signed by the Project Client's Responsible Authority

\_\_\_\_\_  
Name of the Project Client

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

Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein.

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**APPENDIX 2 - QUALIFICATIONS FORM**  
**FORM No. 3**  
**PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT**  
**PROJECT TWO – GENERAL CONTRACTOR**

**(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 - QUALIFICATIONS)**

Title of Project: \_\_\_\_\_

Name and Location of Work: \_\_\_\_\_

Municipality and Province: \_\_\_\_\_

Description of Work(foam grouting): \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

Size of the Project:  
(surface area of the structure) \_\_\_\_\_ **Square Metres**

Final Value of all Work: \_\_\_\_\_

Name of Project Architect or Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name of Project Client: \_\_\_\_\_

Telephone: \_\_\_\_\_

*This is to certify that we acted as the General Contractor for the project referenced above.*

\_\_\_\_\_  
*Signature*

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## APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT TWO.

Date \_\_\_\_\_

This confirms that \_\_\_\_\_ (insert name of General Contractor)  
completed the polyurethane foam injection grouting type Construction/Installation on our location  
(insert name and address) . The work carried out on this project has been completed to our satisfaction  
within the contract terms and conditions, schedule and agreed budget.

\_\_\_\_\_  
Signed by the Project Client's Responsible Authority

\_\_\_\_\_  
Name of the Project Client

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

***Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein***

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## APPENDIX 2 - QUALIFICATIONS FORM

### FORM No. 4

### PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT PROJECT ONE - SUBCONTRACTOR

(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE  
1 - QUALIFICATIONS

Title of Project: \_\_\_\_\_

Name and Location of Work: \_\_\_\_\_

Municipality and Province: \_\_\_\_\_

Description of Work(Foam Grouting): \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

Size of the Project:  
(surface area of the structure) \_\_\_\_\_ Square Metres

Final Value of all Work: \_\_\_\_\_

Name of Project Architect or Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name of Project Client: \_\_\_\_\_

Telephone: \_\_\_\_\_

*This is to certify that we acted as the Grouting Subcontractor for the project referenced above.*

\_\_\_\_\_  
*Signature*

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## APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT ONE.

Date \_\_\_\_\_

This confirms that \_\_\_\_\_ (insert name of Grouting Subcontractor) completed the polyurethane foam injection grouting type Construction/Installation on our location \_\_\_\_\_ (insert name and address).

The work carried out on this project has been completed to our satisfaction within the contract terms and conditions, schedule and agreed budget.

\_\_\_\_\_  
Signed by the Project Client's Responsible Authority

\_\_\_\_\_  
Name of the Project Client

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

Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein.

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**APPENDIX 2 - QUALIFICATIONS FORM**  
**FORM No. 4**  
**PREVIOUS POLYURETHANE FOAM INJECTION GROUTING PROJECT**  
**PROJECT TWO – SUBCONTRACTOR**

**(THIS FORM OR A COPY IDENTICAL IN CONTENT & FORMAT, MUST BE INCLUDED IN ENVELOPE 1 - QUALIFICATIONS**

Title of Project: \_\_\_\_\_

Name and Location of Work: \_\_\_\_\_

Municipality and Province: \_\_\_\_\_

Description of Work(foam grouting): \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

Size of the Project:  
(surface area of the structure) \_\_\_\_\_ Square Metres

Final Value of all Work: \_\_\_\_\_

Name of Project Architect or Engineer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name of Project Client: \_\_\_\_\_

Telephone: \_\_\_\_\_

*This is to certify that we acted as the Grouting Subcontractor for the project referenced above.*

\_\_\_\_\_  
*Signature*

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## APPENDIX 2 - QUALIFICATIONS FORM

The following must be completed by the Project Client of PROJECT TWO.

Date \_\_\_\_\_

This confirms that \_\_\_\_\_ (insert name of Grouting  
Subcontractor) completed the polyurethane foam injection grouting type Construction/Installation on our  
location \_\_\_\_\_ (insert name and address) . The  
work carried out on this project has been completed to our satisfaction within the contract terms and  
conditions, schedule and agreed budget.

\_\_\_\_\_  
Signed by the Project Client's Responsible Authority

\_\_\_\_\_  
Name of the Project Client

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

***Please be advised PWGSC reserves the right to contact the person named above to verify the information contained herein***