

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
**Bid Receiving - PWGSC / Réception des soumissions**  
**- TPSGC**  
**11 Laurier St./11 rue Laurier**  
**Place du Portage, Phase III**  
**Core 0A1 / Noyau 0A1**  
**Gatineau, Québec K1A 0S5**

**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**

This document contains a security requirement./  
Ce document contient une exigence en matière de sécurité.

**Vendor/Firm Name and Address**

Raison sociale et adresse du  
fournisseur/de l'entrepreneur

**Issuing Office - Bureau de distribution**

Construction Services Division/Division des services de  
construction  
11 Laurier St./11 Rue Laurier  
3C2, Place du Portage  
Phase III  
Gatineau, Québec K1A 0S5

<b>Title - Sujet</b> Tunnel Distribution System - CHP -	
<b>Solicitation No. - N° de l'invitation</b> EJ192-150871/A	<b>Amendment No. - N° modif.</b> 005
<b>Client Reference No. - N° de référence du client</b> 20150871	<b>Date</b> 2014-12-23
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$\$\$FG-356-66162	
<b>File No. - N° de dossier</b> fg356.EJ192-150871	<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 2015-01-08</b>	
<b>Time Zone</b> Fuseau horaire Eastern Standard Time EST	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Lagacé, Hélène	<b>Buyer Id - Id de l'acheteur</b> fg356
<b>Telephone No. - N° de téléphone</b> (819) 956-0060 ( )	<b>FAX No. - N° de FAX</b> (819) 956-8335
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Tunnel Distribution System/ Système de distribution en Tunnel 501 Chemin Heron Road Ottawa, Ontario	

**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> <b>(type or print)</b> <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>

Solicitation No. - N° de l'invitation

EJ192-150871/A

Amd. No. - N° de la modif.

005

Buyer ID - Id de l'acheteur

fg356

Client Ref. No. - N° de réf. du client

20150871

File No. - N° du dossier

fg356EJ192-150871

CCC No./N° CCC - FMS No/ N° VME

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This amendment is raised to issue Addendum No. 2.

All other terms and conditions remain unchanged.

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**The following changes in the tender documents are effective immediately. This addendum will form part of the contract documents.**

**SPECIFICATIONS**

- 1 **DELETE IN ITS ENTIRETY SECTION 23 05 05 ITEM 3.9 PRESSURE TESTING OF EQUIPMENT AND PIPE WORK. AND REPLACE WITH THE FOLLOWING:**
- 3.9 PRESSURE TESTING OF EQUIPMENT AND PIPEWORK**
- .1 Advise Departmental Representative 48 hours minimum prior to testing.
  - .2 Pipework: test as specified in relevant sections of heating, ventilating and air conditioning work.
  - .3 Provide radiographic inspection on 20% of welds on Medium Temperature hot water piping as selected by Departmental Representative. Provide magnetic particle testing on 20% of welds on Chilled Water piping as selected by departmental representative. Submit report for review and approval prior to installation of insulation.
  - .4 Conduct tests in presence of Departmental Representative.
  - .5 Pay costs for repairs or replacement, retesting, and making good. Departmental Representative to determine whether repair or replacement is appropriate. Failure of any single test will result in 100% testing of that welder's work. All welds are to be stamped by the welder responsible.
  - .6 Insulate or conceal work only after approval and certification of tests by Departmental Representative.
- 2 **DELETE SECTION 23 05 17 ITEM 3.5 IN ITS ENTIRETY AND REPLACE WITH THE FOLLOWING:**
- 3.5 SPECIALIST EXAMINATIONS AND TESTS**
- .1 General:
    - .1 Perform examinations and tests by specialist qualified to CSA W178.1 and CSA W178.2 and approved by Departmental Representative.
    - .2 To ANSI/ASME Boiler and Pressure Vessels Code, Section V, CSA B51 and requirements of Authority Having Jurisdiction.
    - .3 Inspect and test 20% of welds as selected by Departmental Representative in accordance with "Inspection and Test Plan" by non-destructive visual examination, magnetic particle testing and full gamma ray radiographic (hereinafter referred to as "radiography") tests.

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- .2 20% of welds on Medium Temperature Hot Water piping shall be examined via radiographic inspection (x-ray) and 20% of welds on Chilled Water piping shall be examined via magnetic particle testing determined at random by departmental representative.
- .3 Visual examinations: include entire circumference of weld externally and wherever possible internally.
- .4 Failure of visual examinations:
  - .1 Upon failure of welds by non-destructive testing, visual examination, perform additional testing as directed by Departmental Representative of all welds by welder responsible.
- .5 Full radiographic tests for MTHW piping systems.
  - .1 Radiograph over full circumference up to 20% of welds for MTHW piping systems selected at random by Departmental Representative.
  - .2 Radiographic film:
    - .1 Identify each radiographic film with date, location, name of welder, and submit to Departmental Representative. Replace film if rejected because of poor quality.
  - .3 Interpretation of radiographic films:
    - .1 By qualified radiographer.
  - .4 Failure of radiographic tests:
    - .1 Upon failure of welds by non-destructive testing, perform additional testing as directed by Departmental Representative of all welds by welder responsible.
- .6 Magnetic particles testing for Chilled Water piping systems.
  - .1 Perform Magnetic particles testing of up to 20% of welds for HTHW piping systems selected at random by Departmental Representative from welds which would be most difficult to repair in event of failure after system is operational.
  - .2 Report shall be submitted by persons qualified in magnetic particle testing for review by departmental representative.
  - .3 Failure of Magnetic Particle tests:
    - .1 Upon failure of welds by non-destructive testing, perform additional testing as directed by Departmental Representative of all welds by welder responsible.

3 **DELETE SECTION 23 05 17 ITEM 3.6.2.6. IN ITS ENTIREITY AND REPLACE WITH THE FOLLOWING:**

3.6.2.6 Repair defects whose depth cannot be determined accurately on basis of visual examination, radiographic tests or magnetic particle.

4 **DELETE SECTION 23 05 17 ITEM 3.6.3. IN ITS ENTIREITY AND REPLACE WITH THE FOLLOWING:**

3.6.3 Failure to meet radiographic or magnetic particle test requirements.

5 **DELETE SECTION 23 05 23.01 ITEM 2.1.4.1.4. IN ITS ENTIRETYAND REPLACE WITH THE FOLLOWING:**

Delete reference to hydrostatic pressure testing.

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**6 DELETE SECTION 23 05 23.01 ITEM 2.1.5 BUTTERFLY VALVES IN ITS ENTIRETY AND REPLACE WITH THE FOLLOWING:****2.1.5 Butterfly Valves:**

- .1 NPS 2 1/2 through NPS 6, 1965 kPa shut off pressure with flanged Lug style ends.
  - .1 Body: ductile Iron, Lug style.
  - .2 Disc: Stainless steel 416
  - .3 Shaft: Stainless Steel 416
  - .4 Seat: EPT
  - .5 Operator: lever or hand wheel.
- .2 NPS 8 and above, 1965 kPa shut off pressure with flanged Lug style ends.
  - .3 Body: ductile Iron, Lug style.
  - .4 Disc: Stainless steel 416
  - .5 Shaft: Stainless Steel 416
  - .6 Seat: EPT
  - .7 Operator: Gear operated with hand wheel.

**END OF ADDENDUM NO. 2**