

# SPECIFICATIONS AND CONTRACT DOCUMENTS



## COMPETITIVE SEALED PROPOSAL

CSP 2024-001  
For the Construction of

ARPA PROJECT NO. 1 - WEBB COUNTY REGIONAL  
WASTEWATER TREATMENT FACILITY IMPROVEMENTS

Webb County, Texas

Garver Project No. 21W21070

VOLUME 1 OF 4

Bidding and Contract Documents, General  
Requirements, and Technical Specifications

Divisions 00 - 22

Prepared For:

Webb County

August 2023



**BID BOND**

Any singular reference to Bidder, Surety, Owner or other party shall be considered plural where applicable.

**BIDDER (Name and Address):**  
JMJ Diaz, Corp dba JMJ Constructors  
2005 N Los Ebanos Blvd  
Alton, TX 78573





**SURETY (Name, and Address of Principal Place of Business):**  
American Alternative Insurance Corporation  
555 College Road East - P.O. Box 5241  
Princeton, NJ 08543

**OWNER (Name and Address):**  
Webb County Utilities Department  
513 Martha Drive  
Rio Bravo, Texas 78046

**BID**  
Bid Due Date: February 20, 2024  
Description: Webb County Regional WWTF Improvements

**BOND**  
Bond Number: N/A  
Date: February 20, 2024  
Penal sum Five Percent of the Greatest Amount Bid (\$ 5% G.A.B.)  
(Words) (Figures)

Surety and Bidder, intending to be legally bound hereby, subject to the terms set forth below, do each cause this Bid Bond to be duly executed by an authorized officer, agent, or representative.

<b>BIDDER</b>	<b>SURETY</b>
JMJ Diaz, Corp dba JMJ Constructors (Seal)	American Alternative Insurance Corporation (Seal)
Bidder's Name and Corporate Seal	Surety's Name and Corporate Seal
By: <u></u>	By: <u></u>
Signature	Signature (Attach Power of Attorney)
<u>Jose Luis Diaz</u>	<u>Yamillec Ramos</u>
Print Name	Print Name
<u>President</u>	<u>Attorney-in-Fact</u>
Title	Title
Attest: <u></u>	Attest: <u></u>
Signature	Signature
Title <u>operation Manager</u>	Title Kim Alia, Witness

Note: Addresses are to be used for giving any required notice.  
Provide execution by any additional parties, such as joint venturers, if necessary.

1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors, and assigns to pay to Owner upon default of Bidder the penal sum set forth on the face of this Bond. Payment of the penal sum is the extent of Bidder's and Surety's liability. Recovery of such penal sum under the terms of this Bond shall be Owner's sole and exclusive remedy upon default of Bidder.
2. Default of Bidder shall occur upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents.
3. This obligation shall be null and void if:
  - 3.1 Owner accepts Bidder's Bid and Bidder delivers within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents, or
  - 3.2 All Bids are rejected by Owner, or
  - 3.3 Owner fails to issue a Notice of Award to Bidder within the time specified in the Bidding Documents (or any extension thereof agreed to in writing by Bidder and, if applicable, consented to by Surety when required by Paragraph 5 hereof).
4. Payment under this Bond will be due and payable upon default of Bidder and within 30 calendar days after receipt by Bidder and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the amount due.
5. Surety waives notice of any and all defenses based on or arising out of any time extension to issue Notice of Award agreed to in writing by Owner and Bidder, provided that the total time for issuing Notice of Award including extensions shall not in the aggregate exceed 120 days from the Bid due date without Surety's written consent.
6. No suit or action shall be commenced under this Bond prior to 30 calendar days after the notice of default required in Paragraph 4 above is received by Bidder and Surety and in no case later than one year after the Bid due date.
7. Any suit or action under this Bond shall be commenced only in a court of competent jurisdiction located in the state in which the Project is located.
8. Notices required hereunder shall be in writing and sent to Bidder and Surety at their respective addresses shown on the face of this Bond. Such notices may be sent by personal delivery, commercial courier, or by United States Registered or Certified Mail, return receipt requested, postage pre-paid, and shall be deemed to be effective upon receipt by the party concerned.
9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent, or representative who executed this Bond on behalf of Surety to execute, seal, and deliver such Bond and bind the Surety thereby.
10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond shall be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable statute, then the provision of said statute shall govern and the remainder of this Bond that is not in conflict therewith shall continue in full force and effect.
11. The term "Bid" as used herein includes a Bid, offer, or proposal as applicable.

*EJCDC® C-430, Bid Bond (Penal Sum Form). Copyright © 2013 National Society of Professional Engineers, American Council of Engineering Companies, and American Society of Civil Engineers. All rights reserved.*

KNOW ALL MEN BY THESE PRESENTS: That the AMERICAN ALTERNATIVE INSURANCE CORPORATION, a corporation organized and existing by virtue of the laws of the State of Delaware ("Corporation") with offices at 555 College Road East, Princeton, N.J. 08543, has made, constituted and appointed, and by these presents, does make, constitute and appoint:

Russ Frenzel; Blaine Allen; Brady K. Cox; William D. Baldwin; Brent Baldwin; Michael B. Hill; Keith Rogers; Drew Green; Sam Freireich; Brock Anglin; Cindy Alford; and Yamillec Ramos

its true and lawful Attorneys-in-Fact, at Princeton, in the State of New Jersey, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety or Co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate said Company for any portion of the penal sum thereof in excess of the sum of One Hundred Million Dollars (\$100,000,000). Such bonds and undertakings for said purposes, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary. This appointment is made under and by authority of a certain Resolution adopted at a meeting of the Board of Directors of said Company duly held on the 27th day of August, 1975, a copy of which appears below.

IN WITNESS WHEREOF, the AMERICAN ALTERNATIVE INSURANCE CORPORATION has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 24th day of September, 2021.



By: [Signature]  
Michael G. Kerner  
President  
Attest: [Signature]  
Ignacio Rivera  
Deputy General Counsel & Secretary

STATE OF NEW JERSEY, COUNTY OF SOMERSET

The foregoing instrument was acknowledged before me by means of online notarization this 24th day of September, 2021, by Michael G. Kerner and Ignacio Rivera, who are personally known to me.



[Signature]  
Jilian Sanfilippo, Notary Public  
State of New Jersey  
My Commission Expires February 8, 2026

SECRETARY'S CERTIFICATE

The undersigned, Ignacio Rivera, hereby certifies:

- 1. That the undersigned is Secretary of American Alternative Insurance Corporation, a corporation of the State of Delaware;
- 2. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of said Corporation on the day of its date, and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with said original power of attorney, and that the same is a true and correct copy of said original power of attorney and of the whole thereof;
- 3. That the original resolution of which the following is a copy was duly adopted at, and recorded in the minutes of, a regular meeting of the Board of Directors of said Corporation duly held on August 4, 1998, and has not since been revoked, amended or modified.

RESOLVED, that each of the following officers of this Corporation, namely, the President, the Executive Vice President, the Senior Vice Presidents, and the Vice Presidents, be, and they hereby are, authorized, from time to time in their discretion, to appoint such agent or agents or attorney or attorneys-in-fact as deemed by them necessary or desirable for the purpose of carrying on this Corporation's business, and to empower such agent or agents or attorney or attorneys-in-fact to execute and deliver, in this Corporation's name and on its behalf, and under its seal or otherwise, surety bonds, surety undertakings or surety contracts made by this Corporation as surety thereon.

RESOLVED, that the signature of any authorized officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney and revocation of any power of attorney or certificate of either given for the execution of any surety bond, surety undertaking, or surety contract, such signature and seal, when so used being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed.

FURTHER RESOLVED, that any prior appointments by the Corporation of MGAs are, in all respects, hereby ratified, confirmed and approved.

FURTHER RESOLVED, that the Secretary or any Assistant Secretary of this Corporation is hereby authorized to certify and deliver to any person to whom such certification and delivery may be deemed necessary and desirable in the opinion of such Secretary or Assistant Secretary, a true copy of the foregoing resolution.

- 4. The undersigned has compared the foregoing copies of said original resolutions as so recorded, and they are the same true and correct copies of said original resolutions as so recorded and of the whole thereof.

Witness the hand of the undersigned and the seal of said Corporation this 20th day of February, 2024.



AMERICAN ALTERNATIVE INSURANCE CORPORATION

[Signature]  
Ignacio Rivera (Sep 24, 2023 16:04 EDT)  
Ignacio Rivera  
Deputy General Counsel & Secretary



## **Bond Verification**

Should you wish to verify the authenticity of this bond, please send your request, including a copy of the bond, via email to:

[essuretyuwsupport@munichre.com](mailto:essuretyuwsupport@munichre.com)

## **Bond Claims or Notices**

Should you wish to file any notices to the Surety for this American Alternative Insurance Corporation bond(s) they should be sent via email, including all pertinent correspondence or information to:

[p0060014688@munichre.com](mailto:p0060014688@munichre.com)

or

Mail to: Munich Re Specialty Insurance  
330 Madison Avenue, 12th Floor  
New York, NY 10017  
Attn: Surety Bond Claims

**Competitive Sealed Proposal (CSP)  
CSP 2024-001**

**“ARPA Project No. 1 – Rio Bravo Wastewater Treatment Facility Improvements”**

**Due: February 13, 2024 at/or before 4 p.m. (CT)**



Webb County is seeking competitive sealed proposals for the Webb County Rio Bravo Waste Water Treatment Plant (WWTP) Upgrades which are necessary to improve operations, ensure regulatory compliance and meet future demand for capacity. The Webb County WWTP was constructed around 2004-2005 and is a four (4) basin sequencing batch reactor (SBR) that treats raw sewage from almost entirely residential sources. Some of the improvements requested include but are not limited to: 1.) Rehabilitation of the Sequencing Batch Reactors, Blower Building, Chlorine Storage Building, Non-Potable Water System, and Belt Filter Press Building, 2.) Construction of a new Headworks and Aerated Sludge Holding Tank and 3.) Rehabilitation and addition of a plant wide SCADA system for monitoring and control of plant processes. See attached plans and detailed specifications for more information on scope of work. Bids shall be on a lump sum and unit price basis, with alternate bid items as indicated in bid forms. The estimated construction budget is \$10,500,000.00. This document outlines the requirements, selection process, and documentation necessary to submit a formal CSP. This civil works project is being solicited to assist Webb County in completing and implementing programs and/or projects funded with its allocation of American Rescue Plan Act (ARPA) funds. **The solicitation will comply with the Texas Government Code; §2269.151 Contracts for Facilities: Competitive Sealed Proposals and with the Code of Federal Regulations §200.318 - §200.327 (General Procurement Standards).** **NOTE: All interested vendors must be registered in SAM.gov. The registration process will take 30-40 minutes. After registering, the time to become active in SAM.gov takes 7-10 days. If submitting a Bid and you are not registered in SAM.gov, please register ASAP so that your active registration can be submitted with your proposal.**

The accompanying CSP with its terms, conditions, attachments and all other forms in this CSP package are due by or before 4 p.m. (Central Time) on ~~February 13, 2024~~ February 13, 2024. CSP received after the due date and time will not be accepted. All CSP meeting the required deadline will be read publicly at the following location in accordance with Federal and State Procurement rules:

Webb County Purchasing Department  
1110 Washington St., Ste. 101  
Laredo, Texas 78040

This CSP solicitation can be viewed at the following online address. Interested Bidders/individuals may submit their Statement of Qualifications by registering on Webb County's e-Bid site and uploading their file to our "Response Attachments" tab. All new supplier registrations must be completed one workday prior to official due date of submittal. Should anyone need assistance please contact Mr. Juan Guerrero, Contract Administrator at (956) 523-4125.

<https://webbcountybid.ionwave.net/Login.aspx>

WEBB COUNTY reserves the right to reject any and all CSP, to waive informalities in the CSP process, or to terminate the CSP process at any time, if deemed in the best interest for WEBB COUNTY. In addition, WEBB COUNTY shall not, under any circumstances, be bound by or be liable for any obligations with respect to this public solicitation until such time (if at all) a construction contract been awarded and all approvals obtained in form and substance satisfactory to the WEBB COUNTY have been executed and authorized by the WEBB COUNTY Commissioners Court, and then only to the extent of such fully executed agreements.

THIS FORM MUST BE INCLUDED WITH CSP PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH CSP PACKAGE AND SIGN BELOW TO COMPLETE SUBMITTAL / CONFIRMATION OF EACH REQUIRED ITEM.

CSP 2024-001

“ARPA Project No. 1 – Rio Bravo Wastewater Treatment Facility Improvements”

Base Bid Form (Section 00 41 00)

5% Bid Bond (Section 00 43 13)

Performance Bond (Section 00 61 13)

Payment Bond (Section 00 61 16)

Statement of Bidder's Qualifications – Section 00 45 13

List of Manufacturers – Section 00 41 16

List of Proposed Sub-Contractors – Section 00 41 19

Contractor's Certification Regarding Civil Rights

Contractor's Certification Concerning Labor Standards and Prevailing Wage Requirements

Davis Bacon Act - Minimum Wage Requirements for Federally Funded Projects

Non-Collusion Affidavit of Prime Bidder

Reference Form

Conflict of Interest Form (CIQ)

Certification regarding Debarment (Form H2048)

Certification regarding Federal lobbying (Form 2049)

Webb County Code of Ethics Affidavit

House Bill 89 Form

Senate Bill 252 Form

SAMs Registration completed by Bidder (See Section 1.13)

Proof of No Delinquent Tax Owed to Webb County



Seal (if incorporated)

Bidder Name: JMJ Constructors

Address: 2005 N Los Ebanos Blvd.

City, State, Zip Code: Alton, Tx. 78573

Contractor Number: \_\_\_\_\_

Contact Name: Jose Luis Diaz

Title: President / owner

Contact Phone Number: 956-522-5904

Contact Email: JMJconstructors@gmail.com

  
Signature of Authorized Agent of Bidder/Proposer: \_\_\_\_\_

Date: 2/20/2024



**1.9 Sales and Use Taxes**

The project Owner is exempt from Texas state sales and use taxes on materials and equipment to be incorporated in the Work. Said taxes shall not be included in the Bid.

**2.0 Bidders Qualification of Subcontractors**

Bidder acknowledges to provide within five (5) days after bid opening (if requested by County); qualifications of sub-contractors listed as part of the formal proposal submitted.

**2.1 Bidders Representations**

In submitting this Bid, Bidder represents that:

A. Bidder has examined and carefully studied the Bidding Documents, and any data and reference items identified in the Bidding Documents, and hereby acknowledges receipt of the following Addenda:

<u>Addendum No.</u>	<u>Addendum, Date</u>
<u>Addendum #1</u>	<u>1/16/2024</u>
<u>Addendum #2</u>	<u>02/05/2024</u>
<u>Addendum #3</u>	<u>02/06/2024</u>
<u>Addendum #4</u>	<u>02/12/2024</u>
_____	_____

**2.2 Bidders Certification**

Bidder certifies that:

- a) This Bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any collusive agreement or rules of any group, association, organization, or corporation;
- b) Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid;
- c) Bidder has not solicited or induced any individual or entity to refrain from bidding; and
- d) Bidder has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the Contract. For the purposes of this Section 2.2:
  - "Corrupt practice" means the offering, giving, receiving, or soliciting of anything of value likely to influence the action of a public official in the bidding process;
  - "Fraudulent practice" means an intentional misrepresentation of facts made (a) to influence the bidding process to the detriment of Owner, (b) to establish bid prices at artificial non-competitive levels, or (c) to deprive Owner of the benefits of free and open competition;
  - "Collusive practice" means a scheme or arrangement between two or more Bidders, with or without the knowledge of Owner, a purpose of which is to establish bid prices at artificial, non-competitive levels; and
  - "Coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

**2.3 Basis of Bid**

Contingency Allowances:

- A. Bidder agrees that the following contingency efforts, products (materials and equipment) as further described in Sections 01 29 00, PAYMENT PROCEDURES, and 01 50 00, TEMPORARY FACILITIES AND CONTROLS, will be furnished and paid for on a cash allowance basis and that the amount shown is an estimated amount to be included in the Total Base Bid. Bidder further acknowledges that final payment will be based on actual costs as determined in conformance with the Bidding Documents and as authorized by Change Order. Bidder agrees that the following contingency allowances are for the sole use of the Owner to cover unanticipated costs and have been computed in accordance with Paragraph 13.02 of the GENERAL CONDITIONS.
- B. Bidder acknowledges that, at the sole discretion of the Owner, Contingency Allowances, or the portion of unused contingency allowances, may be removed from the Contract prior to authorization of the construction contract and/or throughout the construction period.
- C. Bidder acknowledges that, at the sole discretion of the Owner, Contingency Allowances, or the portion of unused contingency allowances, may be converted to alternative Contingency Allowance categories.

**Contingency Allowance**

Item no	Description	Contingency Allowance
1.	Owner Allowance <b><u>Five Hundred and Twenty-Five Thousand Dollars.</u></b>	\$ 525,000
<b>Lump Sum for Contingency Allowances</b>		<b>\$ 525,000</b>

**2.4 Base Bid**

- A. Bidder acknowledges that (1) each Bid Unit Price includes an amount considered by Bidder to be adequate to cover Contractor's overhead and profit for each separately identified item, and (2) estimated quantities are not guaranteed, and are solely for the purpose of comparison of Bids, and final payment for all unit price Bid items will be based on actual quantities, determined as provided in the Contract Documents.
- B. Base bid items are detailed in 01 29 00 Payment Procedures.
- C. Bidder will complete the Work in accordance with the Contract Documents for the following price(s):

**BASE BID FORM 00 41 00**

Base Bid Item No.	Bid Qty	Description (Bidder to write Bid Price in words)	Unit Price	Bid Price
1	1 LS	All Civil and Yard Piping related work for the lump sum of: <u>Two Million Nine Hundred Thirty-Eight Thousand Dollars</u>	N/A	\$ 2,938,000.00
2	1 LS	Headworks Construction for the lump sum of: <u>One Million Four Hundred Seventy-Five Thousand Three Hundred Sixty-Five Dollars</u>	N/A	\$ 1,475,365.00
3	1 LS	SBR and Blower System Rehabilitation for the lump sum of: <u>Two Million Eight Hundred Twenty-Five Thousand Dollars</u>	N/A	\$ 2,825,000.00
4	1 LS	Chlorine Building Rehabilitation for the lump sum of: <u>Two Hundred Seventy-Six Thousand Dollars</u>	N/A	\$ 276,000.00
5	1 LS	Chlorine Contact Basin and Non-Potable Water System Rehabilitation for the lump sum of: <u>Five Hundred Forty-Three Thousand Dollars</u>	N/A	\$ 543,000.00
6	1 LS	Aerated Sludge Holding Tank System Construction for the lump sum of: <u>One Million Two Hundred One Thousand Dollars And Zero Cents</u>	N/A	\$ 1,201,000.00
7	1 LS	Belt Filter Press System Rehabilitation for the lump sum of: <u>Seven Hundred Four Thousand Dollars</u>	N/A	\$ 704,000.00
8	1,000 LF	Trench Safety System development, design, and implementation as required by the Occupational Safety and Health Administration and the assumption of responsibility for the system, complete and in place, for the lump sum of: <u>Twenty-Seven Thousand Dollars and Zero Cents</u>	\$ 27.00	\$27,000.00
9	1 LS	Contingency Allowance 1 for Owner Allowance (miscellaneous work on a change authorization basis) required during completion of the Project to be used solely at the discretion of the OWNER and ENGINEER, for the lump sum of: <b><u>Five Hundred and Twenty-Five Thousand Dollars</u></b>	N/A	\$ 525,000
10	1,000 SY	Additional area of 10" compacted gravel surface above the quantity required by the documents to be provided, meeting requirements of Section 32 11 00, for the lump sum of: <u>Sixty-five thousand dollars</u>	\$65.00	\$ 65,000.00
11	1,000 CY	Solids, sludge, and grit removal and disposal per section 33 01 20 and as shown on the drawings, for the lump sum of: <del>ONE HUNDRED TWENTY THOUSAND DOLLARS</del>	\$120.00	\$ 120,000.00
<b>Total Base Bid Price</b>			\$	10,699,365.00

**Total of Lump Sum and Unit Price Bids = Total Base Bid Price (Bidder to write price in figures and words)**

\$

Ten Million Six Hundred Ninety-Nine Thousand Three Hundred Sixty-Five Dollars



## 2.5 Bid Alternatives

- A. The undersigned bidder offers to make, at the bid alternate prices (Deductive Bid Alternates) following, the changes in the work covered in the Total Base Bid Price that are specified in the bid alternates priced below:
- B. It is understood that:
  - 1. All bid alternate prices shall be filled in. The work detailed by the bid alternate(s) is an extension of the nature of the work for the Total Base Bid Price's project. This proposal requires that the undersigned Bidder propose on all work detailed by the Total Base Bid Price's project and the decrease in work as detailed by each and all of the bid alternates. Failure to comply with this requirement of submitting a price for each and all of the bid alternates may render the Bid non-responsive and may cause its rejection.
  - 2. The acceptance or rejection of any or all of these bid alternates is at the option of the Owner.
  - 3. Acceptance or rejection of bid alternates will not necessarily be made on the basis of price alone.
  - 4. The acceptance or rejection of one or more bid alternates will not affect the Total Base Bid Project bid, nor other conditions of this bid, nor the price of other accepted bid alternates.
  - 5. Reference Document 00 21 00, Article 19 for Method of Award.
  - 6. The undersigned has carefully examined the plans and other contractual documents and has coordinated the scopes between the Total Base Bid Documents and the Bid Alternate Documents. Through submittal of a bid, the undersigned agrees and understands that the documents have been prepared with the highest level of care in the effort to coordinate the scopes of the Total Base Bid Project documents and the Bid Alternate documents. The undersigned agrees and accepts the responsibilities to coordinate and construct all required interconnections and coordination facilities between the Total Base Bid Project and any of, any combination of, and/or a total combination of the Bid Alternates to develop complete and operational facilities that meet the regulatory requirements for the facilities and the requirements set forth by these contract documents.

*Intentionally left blank*

**Bid Alternates – 00 41 00**

Item No.	Deductive Bid Alternates (Bidder to write price in words)	Alternate Price
1	Alternate No. 1: Remove the demolition of the existing headworks from the scope of the contract, for the lump sum of:  Fifty Thousand _____	\$ 50,000.00
2	Alternate No. 2: Remove the eight telescoping valves and associated piping inside the Sequencing Batch Reactors (Facility 30) from the scope of the contract, for the lump sum of: ONE HUNDRED TWENTY THOUSAND DOLLARS _____	\$ 120,000.00
3	Alternate No. 3: Remove the four plug valves on the influent of the Sequencing Batch Reactors (Facility 30) from the scope of the contract, for the lump sum of: ONE HUNDRED TWENTY THOUSAND DOLLARS _____	\$ 120,000.00
4	Alternate No. 4: Remove one of the two blowers and associated equipment at the Aerated Sludge Holding Tank (Facility 70) from the scope of the contract, for the lump sum of:  ninety thousand _____	\$ 90,000.00
5	Alternate No. 5: Remove the yard piping and associated valves at the influent of the drying beds from the scope of the contract, for the lump sum of: FORTY-FOUR THOUSAND EIGHT HUNDRED FIFTY DOLLARS _____	\$ 44,850.00
<b>Total Base Bid Price after deducts</b>		<b>\$ 10,274,515</b>

**2.6 Time of Completion**

Bidder agrees that the Work will be substantially complete within 720 calendar days after the date when the Contract Times commence to run as provided in Paragraph 4.01 of the General Conditions, and will be completed and ready for final payment in accordance with Paragraph 15.06 of the General Conditions within 810 calendar days after the date when the Contract Times commence to run.

Bidder accepts the provisions of the Agreement as to liquidated damages.

BIDDER: *[Indicate correct name of bidding entity]*

JMJ Diaz Corp DBA JMJ Constructors

---

By:

*[Signature]*

---

*[Printed name]*

Jose L Diaz

---

*(If Bidder is a corporation, a limited liability company, a partnership, or a joint venture, attach evidence of authority to sign.)*

Attest:

*[Signature]*

---

*[Printed name]*

Marco A Diaz

---

Title:

Operations Manager

---

Submittal Date:

02/20/2024

---

Address for giving notices:

2005 N Los Ebanos Blvd

---

Alton, Tx 78573

---

Telephone Number:

956-598-6665

---

Fax Number:

---

Contact Name and e-mail address:

Jose L Diaz

---

[jmjconstructors@gmail.com](mailto:jmjconstructors@gmail.com)

---

Bidder's License No.:

*(Where applicable)*

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QUALIFICATIONS STATEMENT

THE INFORMATION SUPPLIED IN THIS DOCUMENT IS CONFIDENTIAL TO THE EXTENT PERMITTED BY LAWS AND REGULATIONS

1. SUBMITTED BY:

Official Name of Firm: JMJ Diaz Corp DBA JMJ Constructors  
Address: 2005 N Los Ebanos Blvd  
Alton, TX 78573

2. SUBMITTED TO:

3. SUBMITTED FOR:

Owner: \_\_\_\_\_  
Project Name: ARPA PROJECT NO.1- WEBB COUNTY REGIONAL  
WASTEWATER TREATMENT FACILITY IMPROVEMENTS

TYPE OF WORK:

REHAB OF EXISTING WWTF

4. CONTRACTOR'S CONTACT INFORMATION

Contact Person: Jose L Diaz  
Title: President  
Phone: 956-598-6665  
Email: jmjconstructors@gmail.com

5. AFFILIATED COMPANIES:

Name: N/A  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. TYPE OF ORGANIZATION:

SOLE PROPRIETORSHIP

Name of Owner: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

PARTNERSHIP

Date of Organization: \_\_\_\_\_

Type of Partnership: \_\_\_\_\_

Name of General Partner(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CORPORATION

State of Organization: Texas

Date of Organization: Aug 2014

Executive Officers:

- President: Jose L Diaz

- Vice President(s): Jose L Diaz

\_\_\_\_\_

\_\_\_\_\_

- Treasurer: Jose L Diaz

- Secretary: Jose L Diaz

LIMITED LIABILITY COMPANY

State of Organization: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



JOINT VENTURE

State of Organization: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Form of Organization: \_\_\_\_\_

Joint Venture Managing Partner

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_

Joint Venture Managing Partner

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_

Joint Venture Managing Partner

- Name: \_\_\_\_\_

- Address: \_\_\_\_\_

**7. LICENSING**

Jurisdiction: \_\_\_\_\_

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Has firm listed in Section 1 ever been fined or suspended by a Contractor's licensing board?

YES  NO

If YES, attach as an Attachment details including where and why.

**8. CERTIFICATIONS**

CERTIFIED BY:

Disadvantage Business Enterprise: \_\_\_\_\_  
Minority Business Enterprise: \_\_\_\_\_  
Woman Owned Enterprise: \_\_\_\_\_  
Small Business Enterprise: \_\_\_\_\_  
Other ( \_\_\_\_\_ ): \_\_\_\_\_

**9. BONDING INFORMATION**

Bonding Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bonding Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Aggregate Bonding Capacity: \_\_\_\_\_  
Available Bonding Capacity as of date of this submittal: \_\_\_\_\_

**10. FINANCIAL INFORMATION**

Financial Institution: US Bank  
Address: 3901 Kirckoff RD  
Rolling Meadows, IL 60008  
Account Manager: Stewart Boyton  
Phone: 224-251-9283  
Credit available: \$ 500,000.00

**11. CONSTRUCTION EXPERIENCE:**

Current Experience:

List on **Schedule A** all uncompleted projects currently under contract (If Joint Venture list each participant's projects separately).

Previous Experience:

List on **Schedule B** all projects completed within the last 5 Years (If Joint Venture list each participant's projects separately).

Has firm listed in Section 1 ever failed to complete a construction contract awarded to it?

YES  NO

If YES, attach as an Attachment details including Project Owner's contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a principal of another entity?

YES  NO

If YES, attach as an Attachment details including Project Owner's contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a partnership or any of the individual entities if a joint venture)?

YES  NO

If YES, attach as an Attachment details including Project Owner's contact information.

**12. SAFETY PROGRAM:**

Name of Contractor's Safety Officer: Marco A Diaz

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 300- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

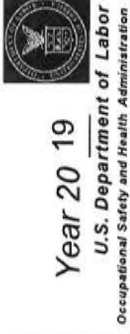
Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

# OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 19

U.S. Department of Labor  
Occupational Safety and Health Administration

**Please Record:**

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

**Reminders:**

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

Establishment name

JMJ Constructors

City Alton

State TX

**Step 1. Identify the person**

(A) Case no. \_\_\_\_\_ (B) Employee's name \_\_\_\_\_ (C) Job title (e.g., Welder) \_\_\_\_\_

(D) Date of injury or onset of illness (e.g., 2/10) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(E) Where the event occurred (e.g., Loading dock north end) \_\_\_\_\_

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) \_\_\_\_\_

**Step 2. Describe the case**

**Step 3. Classify the case**

SELECT ONLY ONE circle based on the most serious outcome:

(G) Death  (H) Days away from work  (I) Job transfer or restriction  (J) Other recordable cases

**Step 4.**

Enter the number of days the injured or ill worker was:

(K) Away from work \_\_\_\_\_ days (L) On job transfer or restriction \_\_\_\_\_ days

**Step 5.**

Select one column:

(M) Illness: Injury (1) (2) (3) (4) (5) (6) All other illnesses

(1) (2) (3) (4) (5) (6) days

**Step 1. Identify the person**

(A) Case no. \_\_\_\_\_ (B) Employee's name \_\_\_\_\_ (C) Job title (e.g., Welder) \_\_\_\_\_

(D) Date of injury or onset of illness (e.g., 2/10) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(E) Where the event occurred (e.g., Loading dock north end) \_\_\_\_\_

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) \_\_\_\_\_

**Step 2. Describe the case**

**Step 3. Classify the case**

SELECT ONLY ONE circle based on the most serious outcome:

(G) Death  (H) Days away from work  (I) Job transfer or restriction  (J) Other recordable cases

**Step 4.**

Enter the number of days the injured or ill worker was:

(K) Away from work \_\_\_\_\_ days (L) On job transfer or restriction \_\_\_\_\_ days

**Step 5.**

Select one column:

(M) Illness: Injury (1) (2) (3) (4) (5) (6) All other illnesses

(1) (2) (3) (4) (5) (6) days

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals

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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

(1) (2) (3) (4) (5) (6)

# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 19

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) <u>0</u>	(H) <u>0</u>	(I) <u>0</u>	(J) <u>0</u>

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) <u>0</u>	(L) <u>0</u>

### Injury and Illness Types

Total number of . . . . .	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name JMJ Constructors  
 Street 2005 N Los Ebanos Blvd  
 City Alton State TX Zip 7857  
 Industry description (e.g., *Manufacture of motor truck trailers*)  
**Construction**  
 North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 35  
 Total hours worked by all employees last year 58,794.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
 Phone 956-598-6665 Date 01/31/2020

Reset



# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 20

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . . .	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
0	0	0	0	0	0	0
(M)						

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name JMJ Constructors

Street 2005 N Los Ebanos Blvd

City Alton State TX Zip 7857

Industry description (e.g., *Manufacture of motor truck trailers*)

Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

--	--	--	--	--

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 35

Total hours worked by all employees last year 58,794.00

### Sign here

**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] Title President

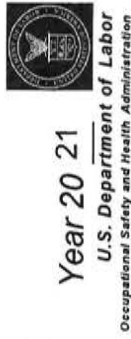
Company executive  
Phone 956-598-6665 Date 01/31/2021

Reset

# OSHA's Form 300 (Rev. 04/2004) Log of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 21

U.S. Department of Labor  
Occupational Safety and Health Administration

**Please Record:**

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

**Reminders:**

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

Establishment name  
**JMJ Constructors**

City **Alton** State **TX**

**Step 1. Identify the person**

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		
Reset			/ month / day		

**Step 2. Describe the case**

Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 3. Classify the case**

SELECT ONLY ONE circle based on the most serious outcome:

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1) <input type="radio"/>	(2) <input type="radio"/>	(3) <input type="radio"/>	(4) <input type="radio"/>	(5) <input type="radio"/>	(6) <input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 4.**

Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days
_____ days	_____ days

**Step 5.**

Select one column:

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1) <input type="radio"/>	(2) <input type="radio"/>	(3) <input type="radio"/>	(4) <input type="radio"/>	(5) <input type="radio"/>	(6) <input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-1644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals

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**Add a Form Page**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

(1) (2) (3) (4) (5) (6)



## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 21

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 0

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) 0	(L) 0

### Injury and Illness Types

Total number of Injuries	(4) Poisonings
(M) 0	0
(2) Skin disorders	(5) Hearing loss
0	0
(3) Respiratory conditions	(6) All other illnesses
0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name JMJ Constructors  
 Street 2005 N Los Ebanos Blvd  
 City Alton State TX Zip 78571

Industry description (e.g., *Manufacture of motor truck trailers*)

### Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)


### Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 30  
 Total hours worked by all employees last year 56,392.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

  
 Company executive \_\_\_\_\_ Title President  
 Phone 956-598-6665 Date 01/31/2022

Reset



# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of cases other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . . . (M)	(1) Injuries	0	(4) Poisonings	0
	(2) Skin disorders	0	(5) Hearing loss	0
	(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name JMJ Constructors

Street 2005 N Los Ebanos Blvd

City Alton State TX Zip 78571

Industry description (e.g., *Manufacture of motor truck trailers*)

**Construction**

North American Industrial Classification (NAICS), if known (e.g., 356212)

□ □ □ □ □ □

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 32

Total hours worked by all employees last year 58,121.00

**Sign here**

**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature] (e.g., President)

Company executive Title

Phone 956-598-6665 Date 01/31/2023

Reset

# Log of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 23

U.S. Department of Labor  
Occupational Safety and Health Administration

**Please Record:**

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

**Reminders:**

- Complete an injury and illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

**Step 1. Identify the person**

(A) Case no. \_\_\_\_\_ (B) Employee's name \_\_\_\_\_ (C) Job title (e.g., Welder) \_\_\_\_\_

(D) Date of injury or onset of illness (e.g., 2/10) \_\_\_\_\_ (E) Where the event occurred (e.g., Loading dock north end) \_\_\_\_\_ (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burn on right forearm from acetylene torch) \_\_\_\_\_

**Step 2. Describe the case**

**Step 3. Classify the case**

SELECT ONLY ONE circle based on the most serious outcome:

Enter the number of days the injured or ill worker was:

Remained at Work

Other recordable cases

Days away from work (H)

Job transfer or restriction (I)

Death (G)

Days away from work (K)

On job transfer or restriction (L)

Injury (1)

Skin disorder (2)

Respiratory condition (3)

Poisoning (4)

Hearing loss (5)

All other illnesses (6)

\_\_\_\_\_ days

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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Add a Form Page**

Page totals

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

**Step 4.**

**Step 5.**

Form approved OMB no. 1218-0176  
Establishment name **JMJ Constructors**

City **Alton** State **TX**

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 23

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."  
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . .	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(M)	0	0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name JMJ Constructors  
 Street 2005 N Los Ebanos Blvd  
 City Alton State TX Zip 7857  
 Industry description (e.g., *Manufacture of motor truck trailers*)  
Construction  
 North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 25  
 Total hours worked by all employees last year 35,180.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
 Phone 956-598-6665 Date 02/01/2024

Reset

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	<u>2019</u>	EMR	<u>.94</u>
YEAR	<u>2020</u>	EMR	<u>.86</u>
YEAR	<u>2021</u>	EMR	<u>.79</u>
YEAR	<u>2022</u>	EMR	<u>.81</u>
YEAR	<u>2023</u>	EMR	<u>.81</u>

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	<u>2019</u>	TRFR	<u>0</u>
YEAR	<u>2020</u>	TRFR	<u>0</u>
YEAR	<u>2021</u>	TRFR	<u>0</u>
YEAR	<u>2022</u>	TRFR	<u>0</u>
YEAR	<u>2023</u>	TRFR	<u>0</u>

Total number of man-hours worked for the last 5 Years:

YEAR	<u>2019</u>	TOTAL NUMBER OF MAN-HOURS	<u>35,180</u>
YEAR	<u>2020</u>	TOTAL NUMBER OF MAN-HOURS	<u>50,036</u>
YEAR	<u>2021</u>	TOTAL NUMBER OF MAN-HOURS	<u>58,794</u>
YEAR	<u>2022</u>	TOTAL NUMBER OF MAN-HOURS	<u>56,392</u>
YEAR	<u>2023</u>	TOTAL NUMBER OF MAN-HOURS	<u>58,121</u>

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

YEAR	<u>2019</u>	DART	<u>0</u>
YEAR	<u>2020</u>	DART	<u>0</u>
YEAR	<u>2021</u>	DART	<u>0</u>
YEAR	<u>2022</u>	DART	<u>0</u>
YEAR	<u>2023</u>	DART	<u>0</u>

**13. EQUIPMENT:**

MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

CONTRACTOR CERTIFICATIONS

U.S. Department of Housing and Urban Development

CERTIFICATION OF BIDDER REGARDING CIVIL RIGHTS LAWS AND REGULATIONS

INSTRUCTIONS

CERTIFICATION OF BIDDER REGARDING Executive Order 11246 and Federal Laws Requiring Federal Contractor to adopt and abide by equal employment opportunity and affirmative action in their hiring, firing, and promotion practices. This includes practices related to race, color, gender, religion, national origin, disability, and veterans' rights.

NAME AND ADDRESS OF BIDDER (include ZIP Code)

JMJ Diaz Corp DBA JMJ Constructors  
2005 N Los Ebanos Blvd Alton, TX 78573

CERTIFICATION BY BIDDER

Bidder has participated in a previous contract or subcontract subject to Civil Rights Laws and Regulations.

Yes  No

The undersigned hereby certifies that:

- The Provision of Local Training, Employment, and Business Opportunities clause (Section 3 provision) is included in the Contract.
- The Equal Opportunity clause is included in the Contract (if bid equals or exceeds \$10,000).

Have you ever been or are you being considered for sanction due to violation of Executive Order 11246, as amended?

Yes  No

NAME AND TITLE OF SIGNER (Please type)

Jose L Diaz  
President

SIGNATURE



DATE

02/20/2024

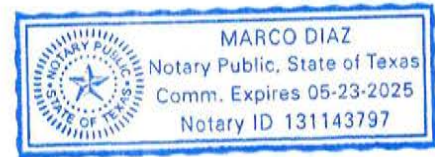
I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith, INCLUDING ANY ATTACHMENTS, IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF ORGANIZATION: JMJ Diaz Corp DBA JMJ Constructors  
BY: Jose L Diaz  
TITLE: President  
DATED: 02/20/2024

NOTARY ATTEST:

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS 20<sup>th</sup> DAY OF February, 2024

NOTARY PUBLIC - STATE OF Texas  
MY COMMISSION EXPIRES: 05-23-25



REQUIRED ATTACHMENTS

1. Schedule A (Current Experience).
2. Schedule B (Previous Experience).
3. Schedule C (Major Equipment).
4. Evidence of authority for individuals listed in Section 7 to bind organization to an agreement.
5. Resumes of officers and key individuals (including Safety Officer) of firm named in Section 1.
6. Required safety program submittals listed in Section 13.
- 7.

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SCHEDULE A

CURRENT EXPERIENCE

Project Description	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
SWSC WTP1 Reservoir Berm Relocation	Name: Rick Salinas Address: 13550 Main Ave Telephone: 956-347-3512	Name: William Uecrt Company: SWG Engineering, LLC Telephone: 956-958-2194/956-7344	120 Days	Storm sewer Force Main improvements	Open	\$676,811.25
City of Lyford Proposed Storm water Pump Station	Name: Amanda Agueros Address: 1916 Tesoro St pharr Telephone: 956-787-8127/EX 2264	Name: Ivan Garcia Company: Rio Delta Engineering Telephone: 956-380-5152	240 Days	Rehab of Lift Station & Install of Sewer Main	Open	\$1,066,980.00
TDA Colonia Funds Construction 2021: San carlos	Name: City Of Mission Address: 1201 E 8th St Mission TX Telephone: 956-580-8667	Name: Ruben James Company: Melden and Hunt Inc. Telephone: 956-381-0981	180 Days	Replacement of Filter media	Open	\$690,000.00
Filters No. 1 through No. 12 Repair and Replacement Services at the North Water Treatment Plant	Name: Dennis Dietz Address: 925 Co RD 381 Alice TX 78332 Telephone: 800-793-7287	Name: James Miertschin Company: James Miertschin & Associates Telephone: 512-927-2708	240 Days	Waste Water Treatment Expansion	Open	\$3,195,402.98
Envigo Waste Water Treatment Expansion	Name: Rafa De La Rosa Address: 321 S Shary Blvd, Mission Telephone: 956-585-6081	Name: Michael Salinas Company: Garver Telephone: 956-734-2399	300 Days	Construction of a concrete Liner	Open	\$2,425,550.00
SWSC WTP1 Reservoir Berm Relocation	Name: Nawsc Address: 420 S Doolittle Rd., Edinburg, Telephone: 956-383-1618	Name: Mike Hernandez Company: Melden and Hunt Inc. Telephone: 956-381-0981	240 Days	Install of 24" Pipe	Open	\$ 889,515.00
North Alamo Water Supply Corporation 24" Plant #7 Emergency Connection	Name: Robert Salinas Address: 420 N Tower Rd Alamo Telephone: 956-787-0006	Name: Joshua Berryhill Company: Enprotec Hibbs & Todd Telephone: 325-698-5560	450 Days	Construction of New Water plant for city of Alamo	Open	\$10,187,438.00
City of Alamo WWTP Improvements						

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**SCHEDULE B**

**PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)**

Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
<p>SWSC WTP1 Reservoir Berm Relocation</p>	<p>Name: Janet Landeros Company: City of Mcallen Engineering Telephone: 956-681-1770</p>	<p>Nov 2022</p>	<p>Rehab of Datepalm List Station</p>	<p>Closed</p>	<p>\$27,845.00</p>
<p>North Alamo Water Supply Corporation Transmission Line</p>	<p>Name: NAWSC Address: 420 S Doolittle rd Edinburg Telephone: 956-383-1618</p>	<p>Dec 2023</p>	<p>Install of a Transmission line</p>	<p>Closed</p>	<p>\$3,432,686.78</p>
<p>Delta Lake Irrigation District</p>	<p>Name: Troy Allen Address: 10370 Charles Green Rd Telephone: 956-262-2101</p>	<p>Jan 2022</p>	<p>Conversion to Pipeline of he A-20 Irrigation Canal Phase 5</p>	<p>Closed</p>	<p>\$1,078,000.00</p>
<p>WWTP Stair Screen Replacement</p>	<p>Name: Alonzo perez Address: 102 DianaSt 78543 Telephone: 956-262-2127</p>	<p>Oct 2022</p>	<p>Strair Screen Replacement</p>	<p>Closed</p>	<p>\$141,790.00</p>
<p>Harlingen Metal Building</p>	<p>Name: Tim Skoglund Address: 134 E Van Buren Ave Telephone: 956-430-6100</p>	<p>April 2023</p>	<p>Metal building Install and Concrete foundation for Sludge dewatering Facility</p>	<p>Closed</p>	<p>\$927,600.00</p>
<p>Edinurg Filters</p>	<p>Name: Jesse Flores Address: 415 W University Dr. Telephone: 956-388-8204</p>	<p>Dec 2021</p>	<p>Rehab of exiting filters</p>	<p>Closed</p>	<p>\$232,498.70</p>
<p>HCID No 2 Relift Pumping Plant Improvements</p>	<p>Name: Sonny Hinojosa Address: 326 N Standard St Telephone: 956-787-1422</p>	<p>Sept 2021</p>	<p>Re-Lift Pumping Station</p>	<p>Closed</p>	<p>\$1,768,272.85</p>

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**SCHEDULE B**

**PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)**

SWSC WTP1 Reservoir Berm Relocation	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
NAWSC Delta Area Reservoir	Name: Nawsc Address: 420 S Doolittle Rd. Telephone: 956-383-1618	Name: Mike Hernandez Company: Melden and Hunt Inc. Telephone: 956-381-0981	Dec 2020	Building of Reservoir and install of Liner	Closed	\$3,232,245.79
City of McAllen SWTP Troughs & Weirs Upgrade	Name: Janet Landeros Address: 1300 W Houston Ave. McAllen Telephone: 956-681-3111	Name: Mike Hernandez Company: Melden and Hunt Inc. Telephone: 956-381-0981	October 2020	Remove and replace Troughs at the SWWTP	Closed	\$89,559.00
McAllen Boeys Reservoir Leeve Improvements	Name: Janet Landeros Address: 1300 W Houston Ave. Telephone: 956-681-1770	Name: Melden and Hunt Inc. Company: Melden and Hunt Inc. Telephone: 956-381-0981	Jan 2021	Building of reservoir and install of liner	Closed	\$771,850.00
Laredo Unitec WWTP Improvements	Name: Leighton Moore Address: 215 W Bandera RD Telephone: 210-698-8714	Name: Leighton Moore Company: ACP Telephone: 210-698-8714	Nov 2020	Concrete work	Closed	\$703,920.00
City of San Juan WWTP Improvements Phase 1	Name: City of San Juan Address: 709 S Nebraska Telephone: 956-223-2200	Name: Orlando S. Cruz Company: Cruz - Hogan Consultants Telephone: 956-388-8204	June 2020	Install of Filters and Blowers, Pipe Fittings	Closed	\$1,147,430.00
Havana Water Treatment Plant	Name: Agua Special Utility District Address: 3120 Abram Rd. Telephone: 956-585-2459	Name: Havana WTP Company: WEXpy 83 La Joya Telephone: 956-585-2459	June 19	WTP Improvements	Closed	\$1,116,387.82
FM 492 WTP Improvements	Name: Agua Special Utility District Address: 3120 Abram Rd. Telephone: 956-585-2459	Name: M2 Engineering, PLLC Company: M2 Engineering, PLLC Telephone: 956-600-8628	Dec 2019	Removing and replacing filters at one of there filters and remove and replace backwash pump and pipe gallery	Closed	\$859,325.10

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SCHEDULE C - LIST OF MAJOR EQUIPMENT AVAILABLE

ITEM	PURCHASE DATE	CONDITION	ACQUIRED VALUE
99 Schwing Concrete Pump	11/10/2016	Good	\$132,520.00
99 Klein Concrete Pump	11/10/2016	Good	\$75,500.00
Loader BH Case 580Sm	08/31/2016	Good	\$24,000.00
772 CH JD Motorgarder	05/31/2017	Good	\$56,669.00
06 Groove 40 Ton Crane	10/25/2017	Good	\$112,500.00
02 John Deere 410G BH	04/20/2018	Good	\$16,000.00
2019 Case 580	02/08/2022	Good	\$76,100.00
92 Cat 612C	06/27/2018	Good	\$20,756.00
06 John Deere 350 DLC	06/19/2018	Good	\$30,838.00
XCMG Compactor	06/11/2018	Good	\$41,1949.00
330 Cat Excavator	01/18/2018	Good	\$57,542.00
Case 850M Crawler Dozer	12/05/2019	Good	\$96,756.00
John Deere 85G Excavator	05/07/2019	Good	\$109,333.00
Case CX250	07/31/2019	Good	\$97,076.00
15' Case 621F Wheel Loader	08/10/2019	Good	\$72,582.00
19' Ditch Witch JT5	01/02/2020	Good	\$108,460.00
07 Groove RT700E Crane	07/15/2020	Good	\$92,500.00
15 H51 Compactor	12/31/2021	Good	\$77,686.00
Case 460 Trencher/Backhoe	01/20/2021	Good	\$19,000.00

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2005 N Los Ebanos Blvd.

Alton, Texas 78573

[jmiconstructors@gmail.com](mailto:jmiconstructors@gmail.com)

956-598-6665

### EVIDENCE OF AUTHORITY TO SIGN OFFERS

Reference the solicitation provision in Section I entitled "Signature Authority." Evidence of the authority of individuals signing offers to submit firm offers on behalf of the Offeror is required except for the owner in the case of sole proprietorships. When Contractor is a corporation, complete this certificate.

#### CERTIFICATE OF CORPORATE OFFICIAL/AGENT'S AUTHORITY TO BIND CORPORATION

I, Jose L Diaz, Secretary of JMJ constructors  
\_\_\_\_\_, a corporation created and organized under the law of the State  
of Texas, do hereby certify that Jose L Diaz is an official/agent of  
said corporation and is empowered to represent, bind and execute contracts on behalf of said corporation,  
subject to the following limitations: \$50,000,000.00.

(if none, so state)

Witness my hand and the corporate seal of said corporation this 20<sup>th</sup> day of February, 2021.

\_\_\_\_\_  
Secretary

(CORPORATE SEAL)

# Jose L Diaz

President, CEO



---

956-522-5904

[JMJconstructors@gmail.com](mailto:JMJconstructors@gmail.com)

Alton, TX

---

## Objective

As President, my primary objective is to lead JMJ Constructors to be a successful company for years to come. I help support all functions of the company by ensuring that the company is running efficiently. My role as CEO is to ensure that all goals that are set as a company are exceeded.

---

## Work Experience

See attached page for projects that I have been apart of and completed over the years of working with RP Construction and JMJ Constructors.

---

## Key Skills

Project management  
Budget Planning  
Project estimating

Communication  
Problem-solving

---

## Experience

Responsibilities: Overseeing daily operations, managing staff, ensuring compliance with engineer designs. I have over 20 years of wastewater treatment plant construction experience. I have dedicated myself to being the best in my craft and that helped us achieve great success.

---



Feb 2000 – Aug 2014

Held various positions  
RP Constructors, INC



Aug 2014 – Present

President/CEO  
JMJ Constructors

---



## Communication

Implemented all procedures to assure that JMJ Constructors can thrive in a competitive market. I share my knowledge with my crew to ensure that we are growing.

---

## Leadership

Successfully managed the company from small project that were under \$10,000.00 to completing jobs in the millions. This was all done under my leadership and guidance over the past decade.

---

## References

Available upon request.

---



JMJ Constructors  
 2005 N Los Ebanos Blvd  
 Alton, Tx 78573  
[jmjconstructors@gmail.com](mailto:jmjconstructors@gmail.com)

## Work Experience

Company Name	Position	Date: Start	Date: Finish	Project Name	Contract Amount
JMJ Constructors	General Superintendent	01/2024	Open	Tom Gill Inline Booster with waterline improvements	\$399,900.00
JMJ Constructors	General Superintendent	12/2023	01/2024	City of Edinburg Raul Longoria Emergency Repair	\$50,500.00
JMJ Constructors	General Superintendent	12/2023	12/2023	City of Edinburg Manhole repair	\$65,300.00
JMJ Constructors	General Superintendent	11/2023	01/2024	San Juan Washout Pad	\$53,000.00
JMJ Constructors	General Superintendent	01/2024	Open	Gateway MUD No.1 Water Plant No.1	\$4,876,210.82
JMJ Constructors	General Superintendent	05/2023	Open	SWSC WTP Reservoir Berm Relocation	\$2,425,550.00
JMJ Constructors	General Superintendent	04/2023	08/2023	Concrete repairs and FRP Beams at Edinburg WWTP	\$86,541.49
JMJ Constructors	General Superintendent	03/2023	Open	City of Lyford Storm water Pump Station	\$676,811.25
JMJ Constructors	General Superintendent	02/2023	Open	TDA Colonia Funds San Carlos	\$1,078,180.00
JMJ Constructors	General Superintendent	02/2023	02/2023	Monte Cristo & 281 16" Water Main project	\$50,925.00
JMJ Constructors	General Superintendent	01/2023	10/2023	MPU Turn & key Chain & Flight Sludge collection System Replacement	\$604,900.00
JMJ Constructors	General Superintendent	02/2023	11/2023	Filters No.1 – No.12 repair and replacement services at the North WTP	\$689,400.00
JMJ Constructors	General Superintendent	11/2022	Open	Envigo WWTP Expansion	\$3,195,402.98
JMJ Constructors	General Superintendent	01/2023	Open	NAWSC Plant #5 Transmission waterline	\$3,018,665.20
JMJ Constructors	General Superintendent	08/2022	11/2022	Datepalm Lift Station Pump Installation	\$27,845.00
JMJ Constructors	General Superintendent	08/2022	12/2022	City Of Elsa LS No.11 Pump Replacement Project	\$111,150.00
JMJ Constructors	General Superintendent	10/2022	11/2023	NAWSC 7k Emergency Connection	\$929,261.91
JMJ Constructors	General Superintendent	03/2022	02/2023	DLID Proposed pump station	\$1,078,000.00
JMJ Constructors	General Superintendent	02/2022	10/2022	City of Elsa WWTP Stair Screen Replacement	\$141,790.00
JMJ Constructors	General Superintendent	01/2022	08/2023	Harlingen Metal Building for Sludge Dewatering Facility	\$927,600.00



JMJ Constructors	General Superintendent	10/2021	07/2022	Edinburg WTP Improvements of Existing Filters	\$232,498.00
JMJ Constructors	General Superintendent	09/2021	08/2022	HCID #2 Improvements	\$1,768,272.85
JMJ Constructors	General Superintendent	02/2021	08/2021	The McAllen Boeeye Reservoir	\$676,435.00
JMJ Constructors	General Superintendent	10/2020	09/2021	The Laredo Unitec WWTP Improvements	\$709,920.00
JMJ Constructors	General Superintendent	07/2020	Open	The Alamo WTP	\$10,187,438.00
JMJ Constructors	General Superintendent	05/2019	09/2021	The San Juan WWTP Improvements Phase #1	\$1,270,000.00
JMJ Constructors	General Superintendent	02/2019	12/2020	The Havana WTP Improvements	\$1,069,441.92
JMJ Constructors	General Superintendent	12/2018	12/2019	Delta Area WTP Raw Water Reservoir	\$2,876,505.06
JMJ Constructors	General Superintendent	10/2018	12/2019	FM 492 WTP Improvements	\$764,237.60
JMJ Constructors	General Superintendent	01/2017	02/2018	City of Pharr Secondary Clarifier No.2 Replacement	\$457,841.36
JMJ Constructors	General Superintendent	12/2016	02/2018	San Juan WTP	\$805,950.42
JMJ Constructors	General Superintendent	03/2016	01/2018	Alamo Regional WWTP Collection Systems	\$475,595.97
JMJ Constructors	General Superintendent	05/2016	08/2017	Sharyland WSC WTP No.2 existing High Service Building Imp	\$716,219.00
JMJ Constructors	General Superintendent	12/2015	01/2017	East lateral Phase II	\$1,335,500.00
R.P Constructors, Inc	Superintendent	09/2014	06/2015	Brownsville PUB WTP #1 & #2	\$6,567,424.00
R.P Constructors, Inc	Superintendent	06/2013	09/2014	Edinburg Downtown WTP Filters	\$880,014.00
R.P Constructors, Inc	Superintendent	07/2012	06/2013	NAWSC Delta Area WTP	\$7,790,381.00
R.P Constructors, Inc	Assistant Superintendent	08/2011	05/2012	Mission Downtown Train #1 & #2	\$931,945.00
R.P Constructors, Inc	Assistant Superintendent	03/2010	09/2012	Mission WTP #2	\$7,735,735.00
R.P Constructors, Inc	Assistant Superintendent	02/2010	11/2011	Rio Grande City WWTP	\$2,155,701.00
R.P Constructors, Inc	Pipelayer Foreman Assist Superintended	06/2009	02/2010	Edinburg WWP	\$5,386,537.00
R.P Constructors, Inc	Mechanical Superintendent	05/2009	02/2010	La Feria WWTP	\$7,92325300
R.P Constructors, Inc	Assist Superintended	07/2008	06/2009	Agua SUD	\$9,9692,286.00
R.P Constructors, Inc	Assist Superintendent	07/2007	07/2008	Edinburg West WTP	\$10,985,821.00
R.P Constructors, Inc	Superintendent	09/2006	07/2007	Edinburg WWTP Expansion	\$2,261,000.00
R.P Constructors, Inc	Assistant Superintendent	04/2004	09/2006	Mission WTP	\$14,384,419.00
R.P Constructors, Inc	Assistant Superintendent	03/2003	04/2004	Roma WWTP Expansion	\$1,670,819.00
R.P Constructors, Inc	Pipe Layer Foreman	03/2002	03/2003	Hidalgo WWTP	\$3,619,413.00
R.P Constructors, Inc	Pipe layer helper	02/2001	03/2002	San Juan WWTP	\$6,789,412.00
R.P Constructors, Inc	Common Laborer	02/2000	02/2001	Roma WWTP	\$3,394,079.00

# Marco Diaz

## Operations Manager

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956-566-3463

Marco.Diaz@JMJConstructors.com

Alton, TX

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### Objective

As Operations manager, my Primary objective is to support the functioning operations by managing staff, coordinating operations, and ensuring customer service. I aim to create a positive and productive work environment by communicating, setting clear goals, and monitoring performance.

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### Education

University of Texas Rio Grande Valley  
Edinburg, TX  
BA in Mass Communications with a specialty in Public Relations  
GPA 3.0

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### Key Skills

Marketing  
Project management  
Budget planning

Communication  
Problem-solving

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### Experience

Responsibilities: Overseeing daily operations, managing staff, ensuring compliance with engineer designs, and ensuring all project material is available in a timely manner. Also responsible for relations with engineers, vendors, suppliers, sub-contractors and analyzing finances.

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○ ————— ○ ————— ○  
Feb 2021 - Present  
Operations Manager  
JMJ Constructors

Jan 2019 – December 2021  
Customer Service  
T-Mobile

June 2016 – December 2018  
Account Manager/ Sales  
State Farm Insurance

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### Communication

Implemented new procedures that have streamlined efficiency in our company which helped us acquire bigger jobs.

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### Leadership

Successfully helped the company meet and exceed goals while maintaining a good relationship with the engineers we work with.

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### References

Available upon request.

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**LIST OF PROPOSED SUBCONTRACTORS**

I, the undersigned General Contractor, hereby certify that proposals from the following Subcontractors were used in the preparation of my bid. I agree that if I am the successful Bidder and if the following subcontracts are approved, I will not enter into contracts with others for these divisions of the work without prior written approval from the Engineer and the Owner.

**Type of Work:** Electrical  
Subcontractor's Name: Mark Southwell  
License No.: .....  
Address: 5404 FM 1044 New Braunfels, TX 78130 210-219-6651

**Type of Work:** Pier Work  
Subcontractor's Name: Jeff Dressel  
License No.: .....  
Address: Houston, TX

**Type of Work:** .....  
Subcontractor's Name: .....  
License No.: .....  
Address: .....

**Type of Work:** .....  
Subcontractor's Name: .....  
License No.: .....  
Address: .....

**Type of Work:** .....  
Subcontractor's Name: .....  
License No.: .....  
Address: .....

**Bidder (General Contractor):** .....  
License No.: .....  
By: .....  
Title: .....

\*Signature must be the same as on the Bid Form.

**LIST OF MANUFACTURERS**

Specification Section	Equipment	Base Bid Equipment Manufacturer (Circle One)
43 22 43.19	<i>Filter Press Renovation</i>	1. <i>Alfa Laval</i>
43 41 11	<i>Glass-Lined Steel Tank</i>	1. <i>Aquastore</i> 2. <i>Tarsco</i>
44 42 13	<i>Fine Bubble Diffusers</i>	1. <i>Sanitaire</i> 2. <i>Evoqua</i>
44 42 19.10	<i>Positive Displacement Blowers</i>	1. <i>Aerezen</i> 2. <i>Kaeser</i> 3. <i>Gardner Denver</i>
44 42 40	<i>Grit Removal and Dewatering Equipment</i>	1. <i>Hydro International</i>
44 42 56.29	<i>Submersible Pumps</i>	1. <i>Flygt</i> 2. <i>KSB</i>
44 42 56.63	<i>Self-Priming Centrifugal Pumps</i>	1. <i>Gorman Rupp</i> 2. <i>Crane</i> 3. <i>Wemco</i>
44 50 55	<i>Sequencing Batch Reactors Package</i>	1. <i>AWT</i> 2. <i>Evoqua</i> 3. <i>Sanitaire</i>
44 51 21	<i>Coarse Bubble Diffusers</i>	1. <i>Sanitaire</i> 2. <i>Evoqua</i>



## References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

***THIS FORM MUST BE RETURNED WITH YOUR OFFER.***

### REFERENCE ONE

Government/Company Name: Melden & Hunt

Address: 115 W McIntyre Street

Contact Person and Title: Mike Hernandez/ Vice President

Phone: 956-607-1448 Fax: \_\_\_\_\_

Email Address: Mike@meldenandhunt.com Contract Period: 9-5

Description of Professional Services Provided: \_\_\_\_\_

Worked on multiple projects in the Waste water sector

\_\_\_\_\_

\_\_\_\_\_

### REFERENCE TWO

Government/Company Name: Melden & Hunt

Address: 115 W McIntyre Street

Contact Person and Title: Allan Booe / President

Phone: 956-381-0981 Fax: \_\_\_\_\_

Email Address: abooe@meldenandhunt.com Contract Period: 9-5

Description of Professional Services Provided: \_\_\_\_\_

Worked on multiple projects in the Waste water sector

\_\_\_\_\_

\_\_\_\_\_

**REFERENCE THREE**

Government/Company Name: Hawkins & Affilitaes, INC

Address: 34 Sunset Park Lane

Contact Person and Title: Scott Hawkins / President

Phone: 281-343-1993 Fax: \_\_\_\_\_

Email Address: scott@hrmenv.com Contract Period: 9-5

Description of Professional Services Provided: \_\_\_\_\_

Vendor for various project we have done throught the state of Texas

**REFERENCE Four**

Government/Company Name: Marcia Appia Civil Infrastructure Consultant Engineers, LLC

Address: 117 W Upas Ave McAllen, TX 78501

Contact Person and Title: Alfonso A Gonzalez

Phone: 956-540-9619 Fax: \_\_\_\_\_

Email Address: Alfonso@marciappia.com Contract Period: 9-5

Description of Professional Services Provided: \_\_\_\_\_

Engineer for multiple project throught the Valley

**REFERENCE Five**

Government/Company Name: Core & Main

Address: 13790 Judson Rd San Antonio, TX 78233

Contact Person and Title: Greg Arentz / Lead Estimator

Phone: 210-657-1632 Fax: \_\_\_\_\_

Email Address: Greg.Arentz@coreandmain.com Contract Period: 9-5

Description of Professional Services Provided: \_\_\_\_\_

Lead Estimator for all our Major projects

\_\_\_\_\_

\_\_\_\_\_

- **\*\*Additional pages are permitted if more space is required\*\***

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**CONFLICT OF INTEREST QUESTIONNAIRE**  
For vendor doing business with local governmental entity

**FORM CIQ**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

N/A

**2**  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes  No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes  No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

N/A  
\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

02/20/2024  
\_\_\_\_\_  
Date



**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

X (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

**CERTIFICATION**  
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION FOR COVERED CONTRACTS

**PART A.**

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

Yes

No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

**PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS**

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
JMJ Constructors	46-4748807	

  
Signature of Authorized Representative

02/20/2024

Date

Jose L Diaz / President

Printed/Typed Name and Title of  
Authorized Representative

**CERTIFICATION REGARDING FEDERAL LOBBYING**  
**(Certification for Contracts, Grants, Loans, and Cooperative Agreements)**

**PART A. PREAMBLE**

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

**PART B. CERTIFICATION**

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?

Yes

No

<b>Name of Contractor/Potential Contractor</b> JMJ Constructors	<b>Vendor ID No. or Social Security No.</b> 46-4748807	<b>Program No.</b>
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<b>Name of Authorized Representative</b>	<b>Title</b> President
--	---------------------------

  
\_\_\_\_\_  
Signature – Authorized Representative

02/20/2024  
\_\_\_\_\_  
Date

**Offeror: Complete & Return this Form with Response Submission.**

**House Bill 89 Verification**

I, Jose L Diaz, the undersigned representative of (company or business name) JMJ Diaz Corp DBA JMJ Constructors (heretofore referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or an limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business association that exist to make a profit.


  
Signature of Company Representative

02/20/2024  
Date

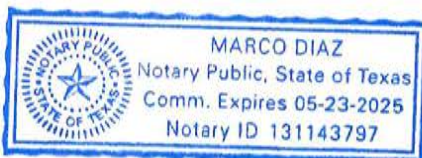
On this 20<sup>th</sup> day of February, 2024, personally appeared

Jose L Diaz, the above named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

Notary Seal

  
Notary Signature

2-20-24  
Date



**Offeror: Complete & Return this Form with Response Submission.**  
**Senate Bill 252 Certification**

SB 252 CHAPTER 2252 CERTIFICATION I, Jose L Diaz, the undersigned representative of JMJ Diaz Corp DBA MJM Constructors (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify Mr. Jose Angel Lopez III, Webb County Purchasing Agent at (956) 523-4125 or via email at [joel@webbcountytexas.gov](mailto:joel@webbcountytexas.gov)

Jose L Diaz Name of Company Representative (Print)

 Signature of Company Representative

02/20/2024 Date

**WEBB COUNTY PURCHASING DEPT.  
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS  
AFFIDAVIT FORM**

STATE OF TEXAS \*

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF WEBB \*

BEFORE ME the undersigned Notary Public, appeared Jose L Diaz, the herein-named "Affiant", who is a resident of Hidalgo County, State of Texas, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: <http://www.webbcountytx.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf>*

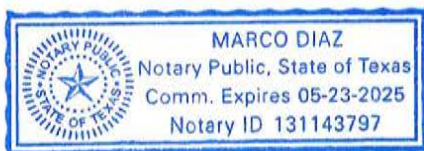
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to [joel@webbcountytx.gov](mailto:joel@webbcountytx.gov).*

Executed and dated this 20<sup>th</sup> day of February, 2023<sup>4</sup>.

\_\_\_\_\_  
Signature of Affiant

Jose L Diaz / JMJ Constructors  
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 20<sup>th</sup> day February, 2023<sup>4</sup>



Marco Diaz  
NOTARY PUBLIC, STATE OF TEXAS



## YOUR ENTITY

### **JMJ DIAZ, CORP.**

Doing Business As: JMJ CONSTRUCTORS

Unique Entity ID	PURPOSE OF REGISTRATION	Physical Address
<b>U4KUDG8M1NP1</b>	<b>ALL AWARDS</b>	<b>2005 N LOS EBANOS BLVD</b>
CAGE Code	Registration Expiration	<b>Alton, TX</b>
<b>8FRX9</b>	<b>Jan 29, 2025</b>	<b>78573-1513</b>
		<b>USA</b>

"General Decision Number: TX20230273 01/06/2023

Superseded General Decision Number: TX20220273

State: Texas

Construction Type: Building

County: Webb County in Texas.

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories).

Note: Contracts subject to the Davis-Bacon Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658. Please note that these Executive Orders apply to covered contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but do not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(2)-(60).

<p>If the contract is entered into on or after January 30, 2022, or the contract is renewed or extended (e.g., an option is exercised) on or after January 30, 2022:</p>	<ul style="list-style-type: none"> <li>. Executive Order 14026 generally applies to the contract.</li> <li>. The contractor must pay all covered workers at least \$16.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2023.</li> </ul>
<p>If the contract was awarded on or between January 1, 2015 and January 29, 2022, and the contract is not renewed or extended on or after January 30, 2022:</p>	<ul style="list-style-type: none"> <li>. Executive Order 13658 generally applies to the contract.</li> <li>. The contractor must pay all covered workers at least \$12.15 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on that contract in 2023.</li> </ul>

The applicable Executive Order minimum wage rate will be adjusted annually. If this contract is covered by one of the Executive Orders and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must still submit a conformance request.

Additional information on contractor requirements and worker protections under the Executive Orders is available at <http://www.dol.gov/whd/govcontracts>.

Modification Number	Publication Date
0	01/06/2023

BOIL0074-003 01/01/2021

	Rates	Fringes
BOILERMAKER.....	\$ 29.47	24.10

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 ENGI0178-005 06/01/2020

	Rates	Fringes
POWER EQUIPMENT OPERATOR		
(1) Tower Crane.....	\$ 32.85	13.10
(2) Cranes with Pile Driving or Caisson Attachment and Hydraulic Crane 60 tons and above.....	\$ 28.75	10.60
(3) Hydraulic cranes 59 Tons and under.....	\$ 32.35	13.10

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 IRON0084-011 06/01/2022

	Rates	Fringes
IRONWORKER, ORNAMENTAL.....	\$ 26.76	7.88

-----  
 PLUM0412-004 04/01/2013

	Rates	Fringes
PLUMBER.....	\$ 31.14	12.43

-----  
 SUTX2014-051 07/21/2014

	Rates	Fringes
BRICKLAYER.....	\$ 16.17 **	0.00
CARPENTER.....	\$ 14.15 **	2.42
CEMENT MASON/CONCRETE FINISHER...	\$ 12.46 **	0.00
ELECTRICIAN.....	\$ 18.44	4.53
INSULATOR - MECHANICAL (Duct, Pipe & Mechanical System Insulation).....	\$ 14.04 **	4.79
IRONWORKER, REINFORCING.....	\$ 12.01 **	0.00
IRONWORKER, STRUCTURAL.....	\$ 15.04 **	4.34
LABORER: Common or General.....	\$ 9.20 **	0.00
LABORER: Mason Tender - Brick...	\$ 10.00 **	0.00
LABORER: Mason Tender - Cement/Concrete.....	\$ 10.89 **	0.96
LABORER: Pipelayer.....	\$ 11.00 **	3.47
LABORER: Roof Tearoff.....	\$ 10.06 **	0.00
OPERATOR: Backhoe/Excavator/Trackhoe.....	\$ 14.04 **	1.01

OPERATOR: Bobcat/Skid Steer/Skid Loader.....	\$ 13.93 **	0.00
OPERATOR: Bulldozer.....	\$ 18.29	1.31
OPERATOR: Drill.....	\$ 16.22	0.34
OPERATOR: Forklift.....	\$ 14.83 **	0.00
OPERATOR: Grader/Blade.....	\$ 13.07 **	0.00
OPERATOR: Loader.....	\$ 12.87 **	0.70
OPERATOR: Mechanic.....	\$ 17.00	0.00
OPERATOR: Paver (Asphalt, Aggregate, and Concrete).....	\$ 16.03 **	0.00
OPERATOR: Roller.....	\$ 12.70 **	0.00
PAINTER (Brush, Roller, and Spray).....	\$ 11.27 **	0.00
PIPEFITTER.....	\$ 15.22 **	3.16
ROOFER.....	\$ 11.42 **	0.00
SHEET METAL WORKER (HVAC Duct Installation Only).....	\$ 18.40	2.12
SHEET METAL WORKER, Excludes HVAC Duct Installation.....	\$ 21.13	6.53
TILE FINISHER.....	\$ 11.22 **	0.00
TILE SETTER.....	\$ 12.15 **	0.00
TRUCK DRIVER: Dump Truck.....	\$ 12.39 **	1.18
TRUCK DRIVER: Flatbed Truck.....	\$ 19.65	8.57
TRUCK DRIVER: Semi-Trailer Truck.....	\$ 12.50 **	0.00
TRUCK DRIVER: Water Truck.....	\$ 12.00 **	4.11

-----  
WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

=====  
\*\* Workers in this classification may be entitled to a higher minimum wage under Executive Order 14026 (\$16.20) or 13658 (\$12.15). Please see the Note at the top of the wage determination for more information.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their

own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

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The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

#### Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

#### Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

#### Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

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#### WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- \* an existing published wage determination
- \* a survey underlying a wage determination
- \* a Wage and Hour Division letter setting forth a position on a wage determination matter
- \* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour National Office because National Office has responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage

payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

=====

END OF GENERAL DECISIO"

### NON-COLLUSION AFFIDAVIT

STATE OF TEXAS       §  
                                  §  
COUNTY OF HIDALGO   §

By the signature below, the signatory for the bidder certifies that neither he nor the firm, corporation, partnership or institution represented by the signatory or anyone acting for the firm bidding this project has violated the antitrust laws of this State, codified at Section 15.01, *et seq.*, Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the bid made to any competitor or any other person engaged in the same line of business, nor has the signatory or anyone acting for the firm, corporation or institution submitting a bid committed any other act of collusion related to the development and submission of this bid proposal.

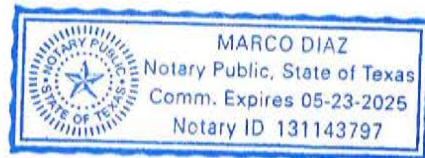
Signature:

Printed Name: Jose L Diaz  
Title: President  
Company: JMJ Constructors  
Date: 2-20-24

SUBSCRIBED and sworn to before me the undersigned authority by Jose L Diaz the President of, JMJ Constructors on behalf of said bidder.

Marco Diaz  
Notary Public in and for the  
State of Texas

My commission expires: 5-23-25





### NON-COLLUSION AFFIDAVIT

STATE OF TEXAS       §  
                                      §  
COUNTY OF HIDALGO   §

By the signature below, the signatory for the bidder certifies that neither he nor the firm, corporation, partnership or institution represented by the signatory or anyone acting for the firm bidding this project has violated the antitrust laws of this State, codified at Section 15.01, *et seq.*, Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the bid made to any competitor or any other person engaged in the same line of business, nor has the signatory or anyone acting for the firm, corporation or institution submitting a bid committed any other act of collusion related to the development and submission of this bid proposal.

Signature:



Printed Name:

Jose C Diaz

Title:

President

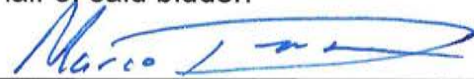
Company:

JMJ Constructors

Date:

2-20-21

SUBSCRIBED and sworn to before me the undersigned authority by Jose C Diaz the JMJ Constructors of, President on behalf of said bidder.



Notary Public in and for the State of Texas

My commission expires: 5-23-2025



PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name JMJ Diaz Corp DBA JMJ Constructors owes no delinquent property taxes to Webb County.

\_\_\_\_\_ owes no property taxes as a business in Webb County.  
(Business Name)

\_\_\_\_\_ owes no property taxes as a resident of Webb County.  
(Business Owner)

Jose L Diaz

Person who can attest to the above information

**\* SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas

County of Webb

Before me, a Notary Public, on this day personally appeared Jose L Diaz, know to me (or proved to me on the oath of JMJ Diaz Corp DBA JMJ Constructors to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

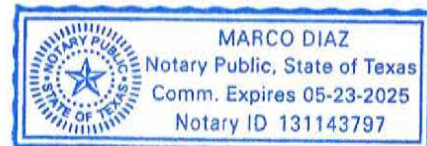
Given under my hand and seal of office this 20<sup>th</sup> day of February 2021.

Notary Public, State of Texas

Marco Diaz

(Print name of Notary Public here)

My commission expires the 23<sup>rd</sup> day of May 2021.





1906 East Tyler Ave.  
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Harlingen, TX 78550  
TEL 956.734.2375

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## ADDENDUM NO. 1

**Date:** 1/16/24  
**Project Name:** Webb County Regional WWTF  
**Owner:** Webb County Utilities Department  
**Garver Project No.** 21W21070

This addendum shall be a part of the Plans, Contract Documents and Specifications to the same extent as though it were originally included therein, and it shall supersede anything contained in the Plans, Contract Documents, and Specifications with which it might conflict. This addendum, including all attachments, shall become part of the Contract and all provisions of the Contract shall apply thereto. Acknowledgement of receipt of this addendum must be noted in the appropriate section of the Bid Form and included with the Contract Documents.

### A. SPECIFICATIONS – Volume 1

1. Remove the list of manufacturers in its entirety, and replace with the same, attached hereto.
2. Remove the Bid Bond in its entirety, and replace with the same, attached hereto.
3. Remove Volume 1 in its entirety, and replace with the same, attached hereto.

### B. SPECIFICATIONS – Volume 2

1. Remove Volume 2 in its entirety, and replace with the same, attached hereto.

### C. DRAWINGS - Volume 3

1. Remove the following drawings in their entirety, and replace with the same, attached hereto:
  - a. 01-G001 – Cover Sheet
  - b. 05-E101 – Overall Electrical Site Layout
  - c. 20-E101 – Headworks Power Plan
  - d. 20-E102 – Headworks Lighting & Grounding Plan
  - e. 30-E101 – SBR Electrical Power Plan 1
  - f. 30-E102 - SBR Electrical Power Plan 2
  - g. 40-E101 – Blower Building Power Plan
  - h. 45-P101 – Chlorine Building Plan
  - i. 45-E101 – Chlorine Building Power Plan
  - j. 50-P101 – Chlorine Contact Basin Process Plan

- k. 50-E101 – Chlorine Contact Basins Electrical Power Plan
- l. 70-E101 – ASHT Electrical Power Plan
- m. 75-E101 – Dewatering Power Plan
- n. 90-E506 – One Line Diagram 3
- o. 90-E507 – One Line Diagram 4
- p. 90-E601 – Conduit Schedule 1
- q. 90-E602 – Conduit Schedule 2
- r. 90-E603 – Electrical Schedules 1
- s. 90-E702 – 400CP001 Controls Schematic
- t. 95-T102 – SCADA System Architecture Diagram

D. STANDARD DETAILS - Volume 4

- 1. Add the following standard detail in its entirety, attached hereto:
  - a. D40 / 0513-001 – Sampling Pump Assembly

E. Revised Bidding Schedule

Activity	Time	Date	Responsible Party
Public Notice/Newspaper	n/a	Jan. 9 <sup>th</sup> , Jan. 16 <sup>th</sup>	County Purchasing Office
Posted CSP on Website	n/a	Jan. 5 <sup>th</sup> - Until awarded	County Purchasing Office
Pre-Bid Meeting	1 pm	Jan. 26 <sup>th</sup>	County Purchasing Office
Questions Due to County	No later than 5pm	Jan. 31 <sup>st</sup>	Respondent
Posting of Answers	No later than 5pm	Feb. 6 <sup>th</sup>	County Purchasing Office
Sealed Bids Due	4 pm (CT)	Feb. 13 <sup>th</sup>	Respondent
Award of Contract	TBD	TBD	Governing Body
Finalization of Contract	TBD	TBD	Governing Body




**Footnote:** County reserves the right to adjust time and dates on above projected schedule if it is in the best interest for Webb County. Addendum will be issued to inform the Public and all interested parties.

**A Pre-Bid meeting will be held on January 26, 2024 at 1:00 pm (CT) at the Webb County Water Utilities Department located on 1806 Margarita Lane, Rio Bravo, TX 78046.**



By:

  
Isaac Huacuja, P.E.  
Project Manager



Attachments:

- A. List of Manufacturers
- B. Bid Bond
- C. Specifications – Volume 1
- D. Specifications – Volume 2
- E. Drawings
  - 1. 01-G001 – Cover Sheet
  - 2. 05-E101 – Overall Electrical Site Layout
  - 3. 20-E101 – Headworks Power Plan
  - 4. 20-E102 – Headworks Lighting & Grounding Plan
  - 5. 30-E101 – SBR Electrical Power Plan 1
  - 6. 30-E102 - SBR Electrical Power Plan 2
  - 7. 40-E101 – Blower Building Power Plan
  - 8. 50-P101 – Chlorine Contact Basin Process Plan
  - 9. 45-P101 – Chlorine Building Plan
  - 10. 50-E101 – Chlorine Contact Basins Electrical Power Plan
  - 11. 70-E101 – ASHT Electrical Power Plan
  - 12. 75-E101 – Dewatering Power Plan
  - 13. 90-E506 – One Line Diagram 3
  - 14. 90-E507 – One Line Diagram 4
  - 15. 90-E601 – Conduit Schedule 1
  - 16. 90-E602 – Conduit Schedule 2
  - 17. 90-E603 – Electrical Schedules 1
  - 18. 90-E702 – 400CP001 Controls Schematic
  - 19. 95-T102 – SCADA System Architecture Diagram
- F. Standard Details
  - 1. D40 / 0513-001 – Sampling Pump Assembly

END OF ADDENDUM NO. 1

**ADDENDUM NUMBER 2 TO THE CSP DOCUMENTS**

Addendum Date: February 5, 2024

CSP DOCUMENT NUMBER CSP 2024-001

“ARPA Project No. 1 – Rio Bravo Wastewater Treatment Facility Improvements”

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A. This Addendum shall be considered part of the CSP documents for the above-mentioned project as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Addendum shall govern and take precedence. **RESPONDENTS / BIDDERS MUST SIGN THE ADDENDUM AND SUBMIT IT WITH THEIR BIDS/PROPOSALS.**

B. Respondents/Bidders are hereby notified that they shall make any necessary adjustments in their estimates as a result of this Addendum. It will be construed that each Respondent/bidder's proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

Except as described below, the original CSP/bid document remains unchanged. The CSP/Bid documents are modified and/or clarified, as follows:

- 1.) *Two (2) additional site visits have been approved on the following dates:  
Thursday February 8, 2024 @ 2pm & Friday February 9, 2024 @ 2 pm  
Please note: These site visits are for a walk through with the Water Utilities Department Head or staff. The project engineer will not be attending.*
- 2.) *The deadline for submittals has been extended from Tuesday February 13 to Tuesday February 20, 2024 @ 4 pm.*

**RESPONDENT/BIDDER MUST ACKNOWLEDGE THIS ADDENDUM BY SIGNING BELOW AND ATTACHING THE SIGNED ADDENDUM TO THE PROPOSAL/BID FORM(s):**

Company Name JMJ Constructors

Contact Person Jose L. Diaz

Signature 

Date 2-20-2024

**THIS CONCLUDES ADDENDUM NO. 2 IN ITS ENTIRETY.**

This Addendum is being transmitted electronically via our E-Bid site @ <https://webbcountyebid.ionwave.net/Login.aspx>. If you have any questions, please direct them to; Juan Guerrero Jr. (956) 523-4149 or email at [juguerrero@webbcountytx.gov](mailto:juguerrero@webbcountytx.gov).



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Harlingen, TX 78550  
TEL 956.734.2375

[www.GarverUSA.com](http://www.GarverUSA.com)

### ADDENDUM NO. 3

**Date:** 2/6/24  
**Project Name:** Webb County Regional WWTF  
**Owner:** Webb County Utilities Department  
**Garver Project No.** 21W21070

This addendum shall be a part of the Plans, Contract Documents and Specifications to the same extent as though it were originally included therein, and it shall supersede anything contained in the Plans, Contract Documents, and Specifications with which it might conflict. This addendum, including all attachments, shall become part of the Contract and all provisions of the Contract shall apply thereto, with exception of the items listed under "Other Project Information" at the end of this Addendum No. 3, which are supplements provided for the Contractor's convenience. Acknowledgement of receipt of this addendum must be noted in the appropriate section of the Bid Form and included with the Contract Documents.

#### A. SPECIFICATIONS – Volume 1

1. Revise Section 00 41 00 – Bid Form as follows:
  - a. Revise section 1.34.4 by deleting "\$5,000,000" and replacing with "\$10,000,000" in both places.
  - b. Add the following to the end of section 2.6 – Time of Completion:
    - i. Please note that while calendar days are shown for the time of project completion, all Work at the Site shall be performed during regular working hours, Monday through Friday. Contractor will not perform Work on a Saturday, Sunday, or any legal holiday unless provided with Owner's written consent, which will not be unreasonably withheld. Please refer to 00 72 00 General Conditions section 7.02 and Supplementary Conditions section 7.02.B.
2. Revise Section 00 73 00 – Supplementary Conditions as follows:
  - a. Revise Section 7.02.B by deleting "excluding Sundays and holidays."

#### B. SPECIFICATIONS – Volume 2

1. Revise Section 26 05 00 – Common Work Results for Electrical as follows:
  - a. Delete paragraph 2.2 Heat Tracing in its entirety.
2. Revise Section 26 90 00 – General Instrumentation and Controls as follows:
  - a. In Temperature row in paragraph 1.7.A replace "-25 °C to 80 °C" with "-20 °C to 60 °C".



3. Add the following specification section in its entirety, attached hereto:
  - a. 33 01 20 – Wastewater Liquid and Solids Removal and Disposal
4. Remove the following specifications sections in their entirety, and replace with the same, attached hereto:
  - a. 40 23 46.1 – Fabricated Stainless Steel Slide Gate Schedule
  - b. 43 22 43.19 – Filter Press Renovation
  - c. 43 41 11 – Glass-Lined Steel Tank
  - d. 44 42 27.19 – Mechanical Screens
  - e. 44 42 40 – Grit Removal and Dewatering Equipment
  - f. 44 42 56.60 – Induced Flow Centrifugal Pumps
  - g. 44 42 56.60.1 – Induced Flow (recessed Impeller) Data Sheet

C. DRAWINGS - Volume 3

1. Remove the following drawings in their entirety, and replace with the same, attached hereto:
  - a. 20-S104 – Headworks Structural Upper Plan
  - b. 20-S308 – Headworks Structural Enlarged Call Outs
  - c. 20-P101 – Headworks Intermediate Plan
  - d. 20-P303 – Headworks Process Sections 3
  - e. 20-E101 – Headworks Power Plan
  - f. 90-E507 – One Line Diagram 4
  - g. 90-E603 – Electrical Schedules 1


D. STANDARD DETAILS - Volume 4

1. Add the following Standard Details in their entirety, attached hereto:
  - a. D05/5000-912 – Grate Support Channel Connection Detail
  - b. D05/5000-913 – Grate Support Anchor Connection Detail
  - c. D05/5000-914 – Beam to Beam Connection Detail
  - d. D05/5213-603 – Removable Floor Mount Guardrail
  - e. D26/5600-008 – Pole Light Support Bracket

E. OTHER PROJECT INFORMATION

1. Question: Disconnects drawn on E505, E506. Fused or non-fused?
  - a. Answer: Disconnects on 90-E505 and 90-E506 are non-fused.
2. Question: 4-Type D fixtures drawn on 20-E102, Schedule on 90-E603 indicates pole mounting, but it looks like they are wall mounted. Can we get the mounting verified? If it is a pole, need info, height, material, shape, etc.
  - a. Answer: Poles will be aluminum. Height is indicated on the lighting fixture schedule. Refer to specification 26 56 00 for pole requirements. Light support bracket detail will be included in addendum No. 3.

3. Question: Section 26 90 00, Paragraph 3.2 requires third-party testing and certification of all control panels to be done at a facility within 50 miles of the project site. Does this requirement apply to vendor-supplied panels supplied as part of equipment packages?
  - a. Answer: This requirement does not apply to vendor-supplied panels.
4. Question: Is there a specific form for Contractor's Certification Regarding Civil Rights or Contractor's Certification Concerning Labor Standards and Prevailing Wage Requirements?
  - a. Answer: There are no additional forms for contractor's certification regarding Civil Rights, Labor Standards, or Prevailing Wage Requirements.
5. Question: Can we visit the WWTP after the pre-bid meeting?
  - a. Answer: Refer to Addendum No. 2 for additional times for bidders to visit the WWTP.
6. Question: Reference Spec Section 43 22 43.19, Sub-Section 2.4 Page 6 "PRESS FRAME" This section states "...Cross members shall be inspected by the general contractor and Supplier for corrosion. Those frame members identified shall be repaired or replaced as needed. The frame shall then be sandblasted to near white metal and painted to protect it against further corrosion." Comment: Frame components come from the factory with hot-dipped galvanizing, 4-7 mils thick for corrosion resistance. If the frame is to be sandblasted to near white metal and painted to protect it against further corrosion, this would require that the complete machine to be return to the factory to meet the spec requirements. Also, we would recommend only re-galvanizing the frame and no painting. If the frame is not returned to the factory, we would recommend performing wire brushing of any rusted area of the frame and applying cold galvanizing.
  - a. Answer: Refer to specification 43 22 43.19 attached for updated language.
7. Question: Reference Spec Section 43 22 43.19, Sub-Section 2.5 Page 6 "ELECTRICAL SYSTEM" This section states "The worn electrical system within the press shall be replaced with a new electrical system... The emergency shutdown system shall be replaced with a new system that is identical to the existing system. This includes, but is not limited to, all items associated with the safety ropes and switches." Comment: The existing press at Rio Bravo does not currently have any press-mounted limit switches, emergency stop pull cord switch, or junction box to be replaced, and the electrical system detailed in this sub-section has never been installed on this press. Also, the existing control panel design for this press does not include controls for the aforementioned electrical system. We recommend that this sub-section be removed from the specifications.
  - a. Answer: This subsection has been removed. Refer to specification 43 22 43.19 attached.
8. Question: Reference Spec Section 43 22 43.19, Sub-Section 3.1 Page 6 "STRUVITE REMOVAL" This section states "Any Struvite shall be removed during the rebuild of a press. No acids, caustics or ammonias shall be utilized in the Struvite removal." Comment: In order to achieve struvite removal to restore frame components to like new condition, factory reconditioning is recommended. If the machine is not returned to the factory, we would recommend this section be removed from the specifications.
  - a. Answer: This subsection has been removed. Refer to specification 43 22 43.19 attached.

By:   
Isaac Huacuja, P.E.  
Project Manager



DIGITALLY SIGNED: 02/06/2024

Attachments:

- A. Specifications – Volume 1
  - a. None
- B. Specifications – Volume 2
  - a. 33 01 20 – Wastewater Liquid and Solids Removal and Disposal
  - b. 40 23 46.1 – Fabricated Stainless Steel Slide Gate Schedule
  - c. 43 22 43.19 – Filter Press Renovation
  - d. 43 41 11 – Glass-Lined Steel Tank
  - e. 44 42 27.19 – Mechanical Screens
  - f. 44 42 40 – Grit Removal and Dewatering Equipment
  - g. 44 42 56.60 – Induced Flow Centrifugal Pumps
  - h. 44 42 56.60.1 – Induced Flow (recessed Impeller) Data Sheet
- C. Drawings
  - a. 20-S104 – Headworks Structural Upper Plan
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  - d. 20-P303 – Headworks Process Sections 3
  - e. 20-E101 – Headworks Power Plan
  - f. 90-E507 – One Line Diagram 4
  - g. 90-E603 – Electrical Schedules 1
- D. Standard Details
  - a. D05/5000-912 – Grate Support Channel Connection Detail
  - b. D05/5000-913 – Grate Support Anchor Connection Detail
  - c. D05/5000-914 – Beam to Beam Connection Detail
  - d. D05/5213-603 – Removable Floor Mount Guardrail
  - e. D26/5600-008 – Pole Light Support Bracket

END OF ADDENDUM NO. 3



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TEL 956.734.2375

[www.GarverUSA.com](http://www.GarverUSA.com)

#### ADDENDUM NO. 4

**Date:** 2/12/24  
**Project Name:** Webb County Regional WWTF  
**Owner:** Webb County Utilities Department  
**Garver Project No.** 21W21070

This addendum shall be a part of the Plans, Contract Documents and Specifications to the same extent as though it were originally included therein, and it shall supersede anything contained in the Plans, Contract Documents, and Specifications with which it might conflict. This addendum, including all attachments, shall become part of the Contract and all provisions of the Contract shall apply thereto, with exception of the items listed under "Other Project Information" at the end of this Addendum No. 4, which are supplements provided for the Contractor's convenience. Acknowledgement of receipt of this addendum must be noted in the appropriate section of the Bid Form and included with the Contract Documents.

#### A. SPECIFICATIONS – Volume 1

1. No items for Specifications are included in this addendum.

#### B. SPECIFICATIONS – Volume 2

1. Revise Section 44 42 27.19 – Mechanical Screens as follows:
  - a. Revise paragraph 2.1.B.2 by deleting "VMR-18" and replacing with "VMR-24".
  - b. Revise paragraph 2.6.B.2.e.3 by deleting "2 hp" and replacing with "Maximum 3 hp"
  - c. Revise paragraph 2.8.F.3.a by deleting "NEMA 8" and replacing with "NEMA 8 OR NEMA 4X ENCLOSURE WITH HERMETICALLY SEALED CONTACTS MEETING CLASS 1, DIVISION 2 ENCLOSURE REQUIREMENTS FOR COARSE AND FINE SCREEN FACILITIES PER NFPA 820 AND NEC 501.105."

#### C. DRAWINGS - Volume 3

1. Revise Drawing 20-S104 as follows: delete "AC8x11.5" and replace with "AC8x4.15".
2. Revise Drawing 90-E507 as follows:
  - a. Add Keynote number 4 next to "NEMA 8".
  - b. Add keynote number 4 to keynotes. The keynote shall read "NEMA 8 OR NEMA 4X ENCLOSURE WITH HERMETICALLY SEALED CONTACTS MEETING CLASS 1, DIVISION 2 ENCLOSURE REQUIREMENTS FOR COARSE AND FINE SCREEN FACILITIES PER NFPA 820 AND NEC 501.105."

D. STANDARD DETAILS - Volume 4

1. Add the following Standard Details in their entirety, attached hereto:
  - a. D05/5000-001 – Weir Plate Detail

E. OTHER PROJECT INFORMATION

1. Question: Please, if possible, provide the Geo report for the foundation design on Webb County, I cannot seem to locate it.
  - a. Answer: The geotechnical report will be included in the attachments section of the e-bid portal and is not included as part of the contract documents.
2. Question: Drawing 20-S104 indicates aluminum channels AC8x11.5 which is a Steel Channel Size, not Aluminum.
  - a. Answer: The grating supports should be Aluminum channels AL AC8x4.15.
3. Question: I have found three details that engineer calls out (D05/5000-914, D05/2400-009, and D05/5000-001) that are not in provided specs and documents.
  - a. Answer: D05/5000-914 was included in addendum No. 3. D05/2400-009 was removed in addendum No. 3. D05/5000-001 was missing and is included in Addendum No. 4.
4. Question: The project calls for a new Polymer Feed System yet there are no specs for it?
  - a. Answer: The intent is to replace in kind with coordination with the original manufacturer (Alfa Laval). Please refer to Specification 43 22 43.19 Section 2.3.C for additional details.
5. Question: How do we gain access to the site to deliver machinery and equipment? At the entrance, there is a dip that the lowboys won't be able to clear or pass.
  - a. Answer: The Owner will coordinate with the successful bidder regarding any property access issues to ensure that all machinery and equipment can be safely mobilized onto to worksite prior to Notice to Proceed and during pre-construction meeting(s) with Owner and successful bidder.

By: 

Isaac Huacuja, P.E.  
Project Manager



  
DIGITALLY SIGNED: 02/12/2024

Attachments:

- A. Specifications – Volume 1
  - 1. None
- B. Specifications – Volume 2
  - 1. None
- C. Drawings
  - 1. None
- D. Standard Details
  - a. D05/5000-001 – Weir Plate Detail

END OF ADDENDUM NO. 4