

**Bid Number** 2011-1  
**Bid Title** "Annual hauling of dewatered sludge from the Wastewater treatment plant"

**Bid Start Date** February 3, 2011  
**Bid End Date** February 24, 2011 @ 2:00pm

**Bid Contact** James Wills  
Public Works Director  
512-251-9935  
[jamesw@cityofpflugerville.com](mailto:jamesw@cityofpflugerville.com)

**Contract Duration** 1 year  
**Contract Renewal** 2 annual renewals  
**Prices good for** 30 days

**Standard Disclaimer** The right is reserved to accept or reject all or part of the bid, and to accept the offer considered most advantageous to the city by item or total bid. The City of Pflugerville will award to the lowest responsible bidder or to the bidder who provides goods or services at the best value to the City.

**Bid Information**

1. Cost per Load
2. Supplier to provide roll-off truck, driver, and insurance
3. Supplier to provide 4 roll-off containers  
(20 yard container)
4. Able to haul within 48 hours of notification
5. Estimated annual loads – 340

Certificate of Insurance must be included with bid documents.

All documents herein and attached are required to be completed and returned with the response.

Twenty (20) yard, open top, roll-off type container    Per Load    Price \$ 420.00

Disposal Site: Name: MicroDirt

Address: 15500 Grofortn Road  
Creedmoor, TX 78618

Telephone: 512-243-9365

Pick up Site: City of Pflugerville  
Wastewater Plant  
2609 E. Pecan  
Pflugerville, TX 78660

Tax ID No: 26-3391203  
Legal Business Name: Sheridan Environmental L.L.C.  
Address: 14926 R.R. 620 North  
City State & Zip: Austin Tx 78717  
Contact: Phillip McClammon  
Telephone No: 512-699-4326  
Business Entity Type: L.L.C.  
Email Address: Phillip SM @ Aggie Network.com

Authorized Signature 

Print Name Phillip McClammon

“By the signature hereon affixed, the bidder hereby certifies that neither the bidder nor the entity represented by the bidder, or anyone acting for such entity has violated the antitrust laws of this State, codified in section 15.01 et seq., Texas Business and Commerce Code, or Federal antitrust laws, nor communicated directly or indirectly, the bid made to any competitor or any other person engaged in such line of business.”

Two original bids are due to the City of Pflugerville  
Attn: Sabrina Schmidt  
100 E Main Suite 100  
Pflugerville, TX 78660

**Prior to 2 pm on February 24, 2011.**  
Envelope must have bid number, opening date and time in lower left hand corner of sealed envelope. Bidders name must appear on the outside of envelope.

Please complete and return this form with the solicitation response

**Bid No: 2011-1** "Annual hauling of dewatered sludge from the  
Wastewater treatment plant"

Bidders Name: Sheridan Environmental Date 2-4-11

Provide the name, address, telephone and point of contact of at least three firms that have utilized similar service for at least 2 years. References may be checked prior to award. Any negative responses received may result in disqualification of bid.

1. Company's Name Aqua Texas  
Name of Contact Brian Robinson  
Title of Contact Area Manager  
E-Mail Address BRobinson@AquaAmerica.com  
Present Address 1106 Clayton Lane  
City, State, Zip Code Austin TX 78723  
Telephone Number (512) 801-0627 Fax Number (512) 990-4410
  
2. Company's Name Guadalupe-Blanco River Authority  
Name of Contact Darel Ball  
Title of Contact Division Manager, Hays and Caldwell Counties  
E-Mail Address DBall@GBRA.org  
Present Address 933 East Court Street  
City, State, Zip Code Seguin TX 78155  
Telephone Number (830) 379-5822 Fax Number (830) 372-0868
  
3. Company's Name City of Manor  
Name of Contact Frank Phelan  
Title of Contact City Engineer, Jacco Engineering  
E-Mail Address FPhelan@Jacco.net  
Present Address 1500 C.R. 269  
City, State, Zip Code Leander TX 78641  
Telephone Number (512) 626-0717 Fax Number (512) 259-8016

Failure to provide the required information with the solicitation response may automatically disqualify the response from consideration from award.



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TU

DATE (MM/DD/YYYY)

02/03/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Eckert Insurance Group, Inc. P.O. Box 2087 Austin, TX 78768-2087 Tracey Urbanek, CIC, ACSR	512-472-6969 <b>FAX-472-3890</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>SHERI-4</b>	FAX (A/C, No):
	<b>INSURED</b> Sheridan Enviromental LLC 10708 Quail Vally Dr Leander, TX 78641		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Catlin Speciality Insurance Co</b> INSURER B: <b>Hallmark Speciality Ins Co.</b> INSURER C: <b>Scottsdale Insurance Company</b> INSURER D: <b>Texas Mutual Ins Co</b> <b>22495</b> INSURER E: INSURER F:

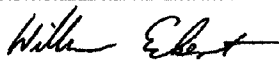
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	X	GLS963880711	07/19/10	07/19/11	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY	X	X	TXA502196	03/24/10	03/24/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS							\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$	
							\$	
							\$	
							\$	
							\$	
	<input type="checkbox"/> UMBRELLA LIAB	X					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	<input type="checkbox"/> DEDUCTIBLE						\$	
	<input type="checkbox"/> RETENTION \$						\$	
D	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	TSF0001213484	06/24/10	06/24/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	<input type="checkbox"/> Property Coverage			CPS1178016	04/01/10	04/10/11	Building	35,000
							Contents	10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**The City of Pflugerville is listed as Additional Insured With a Waiver of Subrogation in favor of The City of Pflugerville**

**CERTIFICATE HOLDER****CANCELLATION**

City of Pflugerville PO Box 589 Pflugerville, TX 78691	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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