



**TO:** Amy Almanzar  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: IND2123546B1  
Submersible Lift Station Pumps, Parts, Repair(Warranty) & Install/Removal Service

Recommended Vendor: BARNEY'S PUMPS, INC.

Recommended Group(s)/Line Item(s): Groups 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 16, 17, 18, and 20

Initial Award Amount: \$ 858,735.00

Potential Total Amount: \$ 2,576,205.00

Initial Contract Term: One Year

Contract Term, including Renewals: Three Years

**CONCURRENCE:**

- ☒ The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

- ☐ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☒ Not applicable Not Required for this solicitation.

**LITIGATION HISTORY: (check one)**

- ☒ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

- ☒ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☒ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☐ No past Performance Evaluations exist in ContractsCentral.

**AND**

- ☒ Reference Verification Forms are attached.

**OR**

- ☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

- ☐ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Gary Hew  
(Individual authorized to administer the contract.)

TITLE: Warehouse Supervisor

SIGNATURE: Gary Hew

Digitally signed by Gary Hew  
Date: 2022.03.01 08:45:05 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Jonathan K. Allen

TITLE: Director, Business Operations

SIGNATURE: Jonathan Allen

Digitally signed by Jonathan Allen  
Date: 2022.03.01 17:30:26 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.

TITLE: Director, Water and Wastewater

SIGNATURE: ALAN GARCIA

Digitally signed by ALAN GARCIA  
Date: 2022.03.02 10:42:47 -05'00'

DATE: 3/2/2022



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) BARNEY'S PUMPS, INC.

Organization/Firm Name providing reference: Martin County Utilities

Contact Name/Title: Johann Lopez, Lift Station Supervisor

Contact E-mail: jlopez@martin.fl.us

Contact Phone: 772-221-2310

Name of Referenced Project: Supply of Homa Submersible Sewage Pumps

Contract No.

Contract Amount: Approximately \$175,000

Date Services Provided: 01/2012 to Current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Purchase submersible pumps and repair services.

Please rate your experience with the  
referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

#### 1. Vendor's Quality of Service

|                 |                          |                                     |                                     |                          |
|-----------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Responsive   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Accuracy     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### 2. Vendor's Organization

|                    |                          |                          |                                     |                                     |
|--------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Turnover        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### 3. Timeliness of:

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 24, 2022



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts, Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) BARNEY'S PUMPS, INC.

Organization/Firm Name providing reference: Hernando County

Contact Name/Title: Larry Cooper

Contact E-mail: lcooper@co.hernando.fl.us

Contact Phone: 352-754-4773

Name of Referenced Project: Sewage Pumps and Accessories

Contract No.

Contract Amount: \$195,000

Date Services Provided: 01/2017 to Current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provided pumps, parts and maintenance.

#### Please rate your experience with the referenced Vendor:

|                                | Needs Improvement        | Satisfactory             | Excellent                           | Not Applicable                      |
|--------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Vendor's Quality of Service |                          |                          |                                     |                                     |
| a. Responsive                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Accuracy                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Deliverables                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Vendor's Organization       |                          |                          |                                     |                                     |
| a. Staff expertise             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Professionalism             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Turnover                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Timeliness of:              |                          |                          |                                     |                                     |
| a. Project                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Deliverables                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

#### Additional Comments: (provide on additional sheet if needed)

Mr. Cooper is very pleased with the service provided by Barney's Pumps, Inc.

#### References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 27, 2022



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) BARNEY'S PUMPS, INC.

Organization/Firm Name providing reference: City of Ft. Lauderdale

Contact Name/Title: Lenny Rodriguez, D&C Maintenance Chief

Contact E-mail: lrodriguez@fortlauderdale.gov

Contact Phone: 954-828-7775

Name of Referenced Project: Supply of Homa Submersible Sewage Pumps

Contract No.

Contract Amount: \$1,000,000

Date Services Provided: 01/2007 to Current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Barney's provides submersible pumps and technical support.

Please rate your experience with the  
referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

#### 1. Vendor's Quality of Service

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Responsive   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### 2. Vendor's Organization

|                    |                          |                          |                                     |                                     |
|--------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Turnover        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### 3. Timeliness of:

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 25, 2022



**TO:** Amy Almanzar  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: IND2123546B1  
Submersible Lift Station Pumps, Parts, Repair(Warranty) & Install/Removal Service

Recommended Vendor: F.J. NUGENT & ASSOCIATES, INC.

Recommended Group(s)/Line Item(s): Group 13 and 20

Initial Award Amount: \$ 254,688.00

Potential Total Amount: \$ 764,064.00

Initial Contract Term: One Year

Contract Term, including Renewals: Three Years

**CONCURRENCE:**

- ☒ The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

- ☐ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☒ Not applicable Not Required for this solicitation.

**LITIGATION HISTORY: (check one)**

- ☒ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

- ☒ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☒ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☐ No past Performance Evaluations exist in ContractsCentral.

**AND**

- ☒ Reference Verification Forms are attached.

**OR**

- ☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

- ☐ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Gary Hew  
(Individual authorized to administer the contract.)

TITLE: Warehouse Supervisor

SIGNATURE: Gary Hew

Digitally signed by Gary Hew  
Date: 2022.03.01 08:46:20 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Jonathan K. Allen

TITLE: Director, Business Operations

SIGNATURE: Jonathan Allen

Digitally signed by Jonathan Allen  
Date: 2022.03.01 17:41:02 -05'00'

DATE: 3/2/22

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.

TITLE: Director, Water and Wastewater

SIGNATURE: ALAN GARCIA

Digitally signed by ALAN GARCIA  
Date: 2022.03.02 10:46:45 -05'00'

DATE: 03/02/2022



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) F.J. NUGENT & ASSOCIATES, INC.

Organization/Firm Name providing reference: City of Ocala

Contact Name/Title: Luis Acosta

Contact E-mail: lacosta@ocalafl.org

Contact Phone: 352-629-8456

Name of Referenced Project: Lift Station 17, 19, 20, 38, 46, 64, 91

Contract No.

Contract Amount: \$407,836

Date Services Provided: 1996 to current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

**New Grundfos pumps and accessories, Chemical pumps and accessories, Pumps repairs.**

#### Please rate your experience with the referenced Vendor:

##### 1. Vendor's Quality of Service

|                 | Needs Improvement        | Satisfactory             | Excellent                           | Not Applicable           |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Responsive   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

##### 2. Vendor's Organization

|                    | Needs Improvement        | Satisfactory             | Excellent                           | Not Applicable           |
|--------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

##### 3. Timeliness of:

|                 | Needs Improvement        | Satisfactory             | Excellent                           | Not Applicable           |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 10, 2022



**Vendor Reference Verification Form**

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) F.J. NUGENT & ASSOCIATES, INC.

Organization/Firm Name providing reference: City of Pompano Beach

Contact Name/Title: Bobby Clayton

Contact E-mail: bobby.clayton@copbfl.com

Contact Phone: 954-786-4154

Name of Referenced Project: Lift Stations 12, 64, 80,105, 114, 132

Contract No.

Contract Amount: \$152,360

Date Services Provided: January 2021 until current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

**Description of services provided by Vendor:**

**Submersible pump purchase, repair services, parts and control panel items**

**Please rate your experience with the referenced Vendor:**

|                                       | Needs Improvement        | Satisfactory             | Excellent                           | Not Applicable           |
|---------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>1. Vendor's Quality of Service</b> |                          |                          |                                     |                          |
| a. Responsive                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Vendor's Organization</b>       |                          |                          |                                     |                          |
| a. Staff expertise                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Timeliness of:</b>              |                          |                          |                                     |                          |
| a. Project                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional Comments: (provide on additional sheet if needed)**

**FJ Nugent representatives are very professional and timely. Response time is minimal to emails and missed calls. Very helpful during routine orders as well as emergency.**

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: December 22, 2021



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) F.J. NUGENT & ASSOCIATES, INC.

Organization/Firm Name providing reference: City of Punta Gorda

Contact Name/Title: Bobby Legg

Contact E-mail: blegg@ci.punta-gorda.fl.us

Contact Phone: 941-628-0497

Name of Referenced Project: Manhole Lift Stations

Contract No.

Contract Amount: \$48,000

Date Services Provided: 2019 to current

(list date range or date services began until "current")

Vendor's role in Project: ☐ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Vendor provides pumps and parts upon request and occasionally makes repairs.

#### Please rate your experience with the referenced Vendor:

|                                | Needs Improvement        | Satisfactory                        | Excellent                           | Not Applicable                      |
|--------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Vendor's Quality of Service |                          |                                     |                                     |                                     |
| a. Responsive                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Accuracy                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Deliverables                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Vendor's Organization       |                          |                                     |                                     |                                     |
| a. Staff expertise             | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Professionalism             | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Turnover                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Timeliness of:              |                          |                                     |                                     |                                     |
| a. Project                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. Deliverables                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

#### Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 10, 2022



**TO:** Amy Almanzar  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: IND2123546B1  
Submersible Lift Station Pumps, Parts, Repair(Warranty) & Install/Removal Service

Recommended Vendor: TOM EVANS ENVIRONMENTAL, INC  
Recommended Group(s)/Line Item(s): Group 8, 12, 19, and 20  
Initial Award Amount: \$ 698,026.10 Potential Total Amount: \$ 2,094,078.30  
Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

☒ The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

☐ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☒ Not applicable Not Required for this solicitation.

**LITIGATION HISTORY: (check one)**

☒ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

☒ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☒ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☐ No past Performance Evaluations exist in ContractsCentral.

**AND**

☒ Reference Verification Forms are attached.

**OR**

☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

☐ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Gary Hew  
(Individual authorized to administer the contract.)

TITLE: Warehouse Supervisor

SIGNATURE: Gary Hew

Digitally signed by Gary Hew  
Date: 2022.03.01 08:47:39 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Jonathan K. Allen

TITLE: Director, Business Operations

SIGNATURE: Jonathan Allen

Digitally signed by Jonathan Allen  
Date: 2022.03.01 17:31:33 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.

TITLE: Director

SIGNATURE: ALAN GARCIA

Digitally signed by ALAN GARCIA  
Date: 2022.03.02 11:43:45 -05'00'

DATE: 03/02/2022



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts, Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) TOM EVANS ENVIRONMENTAL, INC

Organization/Firm Name providing reference: Palm Beach County Water Utilities Department

Contact Name/Title: Hector Rodriguez, Supervisor

Contact E-mail: hrodriguez@pbcwater.com

Contact Phone: 561-618-2782

Name of Referenced Project: Submersible Pumps

Contract No.

Contract Amount: \$50,000

Date Services Provided: 08/2017 to Current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Vendor provides submersible pumps and parts.

#### Please rate your experience with the referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

#### 1. Vendor's Quality of Service

|                 |                          |                                     |                          |                          |
|-----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Responsive   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### 2. Vendor's Organization

|                    |                          |                                     |                                     |                                     |
|--------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c. Turnover        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### 3. Timeliness of:

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### Additional Comments: (provide on additional sheet if needed)

Mr. Rodriguez is satisfied with the level of service provided.

#### References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 27, 2022



### Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) TOM EVANS ENVIRONMENTAL, INC

Organization/Firm Name providing reference: Clay County Utility Authority

Contact Name/Title: Ross Band

Contact E-mail: rband@clayutility.org

Contact Phone: 904-509-1013

Name of Referenced Project: US Motors

Contract No. 2020/2021-A7

Contract Amount: Approximately \$150,000 annually

Date Services Provided: 05/2017 to Current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

#### Description of services provided by Vendor:

Provides submersible pumps and repair services.

Please rate your experience with the  
referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

#### 1. Vendor's Quality of Service

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Responsive   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### 2. Vendor's Organization

|                    |                          |                                     |                                     |                                     |
|--------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Professionalism | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c. Turnover        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

#### 3. Timeliness of:

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: January 24, 2022



Vendor Reference Verification Form

Broward County Solicitation No. and Title: IND2123546B1, Submersible Lift Station Pumps, Parts,  
Repair(Warranty) & Install/Removal Service

Reference for: (Name of Firm) TOM EVANS ENVIRONMENTAL, INC

Organization/Firm Name providing reference: City of Cape Coral

Contact Name/Title: Richard Jones, Maintenance Supervisor

Contact E-mail: mconnell@capecoral.net

Contact Phone: 239-574-0861

Name of Referenced Project: Pump Rehabilitation and Repair

Contract No. BUT2042MCC

Contract Amount:

Date Services Provided: 03/2021 to current

(list date range or date services began until "current")

Vendor's role in Project: ☒ Prime Vendor ☐ Sub-consultant/Sub-contractor

Would you use this vendor again? ☒ Yes ☐ No If No, please specify in Additional Comments (below).

Description of services provided by Vendor:

PUMP REPAIR AND SALES

Please rate your experience with the  
referenced Vendor:

Needs Improvement Satisfactory Excellent Not Applicable

1. Vendor's Quality of Service

|                 |                          |                          |                                     |                          |
|-----------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Responsive   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Accuracy     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. Vendor's Organization

|                    |                          |                                     |                                     |                          |
|--------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Staff expertise | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Professionalism | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Turnover        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

3. Timeliness of:

|                 |                          |                                     |                          |                          |
|-----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Project      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Deliverables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: John Wilf

Title: Contracts/Grants Administrator

Division/Department: Water and Wastewater Services

Date of Verification: December 27, 2021



**TO:** Amy Almanzar  
Purchasing Division  
**FROM:** Alan W. Garcia, P.E., Director  
Water and Wastewater Services  
**SUBJECT:** Solicitation No.: IND2123546B1  
Submersible Lift Station Pumps, Parts, Repair(Warranty) & Install/Removal Service

Recommended Vendor: TOM EVANS ENVIRONMENTAL, INC

Recommended Group(s)/Line Item(s): Group 1, 2, and 9

Initial Award Amount: \$ Potential Total Amount: \$

Initial Contract Term: One Year Contract Term, including Renewals: Three Years

**CONCURRENCE:**

- ☐ The agency has reviewed Vendor's response(s) for specification compliance and Vendor responsibility, which includes license requirements (if applicable). I have reviewed all documents including the Vendor Questionnaire and after careful evaluation, I concur with recommendation for award to the Vendor.

**FINANCIAL BACKGROUND/D & B REPORT: (check one)**

- ☐ I am satisfied with the Vendor's financial background and/or rating and payment performance.  
☐ Not applicable

**LITIGATION HISTORY: (check one)**

- ☐ I have reviewed the Litigation History Form and there is no issue of concern.  
☐ Refer to additional information from the Office of the County Attorney to address an issue/concern.

**PAST PERFORMANCE: (check all that apply)**

I have reviewed the Vendor's past Performance Evaluations in ContractsCentral and:

- ☐ Vendor received an overall rating  $\geq 2.59$  on all evaluations.  
☐ No evaluations within the past three years contained any items rated a score of 2 or less.  
☐ Vendor received a rating  $\leq 2.59$  on an evaluation(s). Refer to additional information.  
☐ Vendor received a score of  $\leq 2$  on an individual item(s). Refer to additional information.  
☐ Past evaluations are not relevant to the scope of this contract.  
☐ No past Performance Evaluations exist in ContractsCentral.

**AND**

- ☐ Reference Verification Forms are attached.

**OR**

- ☐ Reference Verification Forms are not required: Commodity only purchase (less than \$250,000); Service less than \$100,000 and the Vendor has a Performance Evaluation within the past three years.

**NON-CONCURRENCE:**

- ☒ I do not concur. Detailed reason for non-concurrence is attached, including the reference to any bid requirement.

TYPED NAME OF SIGNER: Gary Hew  
(Individual authorized to administer the contract.)

TITLE: Warehouse Supervisor

SIGNATURE: Gary Hew

Digitally signed by Gary Hew  
Date: 2022.03.01 09:23:30 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Jonathan K. Allen

TITLE: Director, Business Operations

SIGNATURE: Jonathan Allen

Digitally signed by Jonathan Allen  
Date: 2022.03.01 17:32:55 -05'00'

DATE: 3/1/22

TYPED NAME OF SIGNER: Alan W. Garcia, P.E.

TITLE: Director

SIGNATURE: ALAN GARCIA

Digitally signed by ALAN GARCIA  
Date: 2022.03.02 13:56:58 -05'00'

DATE: 03/02/22

### Reason for Non-Concurrence

Bid No.: IND2123546B1 Submersible Lift Station Pumps, Parts, Repair (Warranty) & Installation/Removal Service

Vendor: Tom Evans Environmental Inc.

Group Nbr: 1, 2 and 9

Reviewed by:

- Reviewed by: John Wilf, Contracts/Grants Administrator
- Gary Hew, Warehouse Supervisor
- Clive Haynes, Assistant Director Operations
- Carlos Morejon, Manager Operations
- Paul Kirlew, Manager Maintenance
- Carlos Garcia, Expansion Project Administrator
- Rolando Nigaglioni, Supervisor Construction Project Management
- Jeremy Seiden, Expansion Project Administrator

Water and Wastewater Services (WWS) recommends the rejection of Groups 1, 2 and 9 as bid by Tom Evans Environmental, Inc. for the following reasons:

Group 1: The bid specifications require the pumps in Group 1 to be Factory Mutual Explosion Proof. The product bid for Group 1, Line 2 (Ebara Model Nbr: 100DLBU62.2S2) does not meet the requirements for this specification. This was confirmed using Ebara's Submersible Sewage Pumps Specifications Page (attached).

Group 2: The bid specifications require the pumps in Group 2 to be Factory Mutual Explosion Proof. The product bid for Group 2, Line 2 (Ebara Model Nbr: 100DLMBKU63.7S) does not meet the requirements for this specification. This was confirmed using Ebara's Submersible Sewage Pumps Specifications Page (attached).

Group 9: The bid specifications require the pumps in Group 9 to have a discharge size of 4-inches. The products bid (Ebara Model Nbr's: 80DLCMBKFMU6112 & 80DLCMBKFMU6114) are pumps with a 3-inch discharge size and do not meet the required discharge size. The discharge size for both pumps bid was confirmed using Ebara's Submersible Sewage Pumps Specification Page (attached).

This review was performed by the WWS Technical Staff on 01/25/2022.



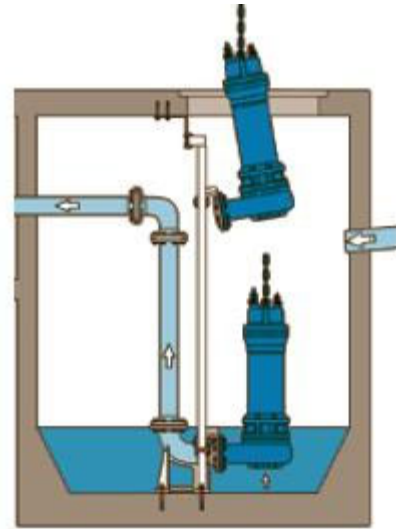
**Water & Wastewater Services  
Engineering Division**  
2555 West Copans Road  
Pompano Beach, Florida  
33069  
Tel 954-831-0745  
FAX 954-831-0798

## PRODUCT SPECIFICATIONS

### SUBMERSIBLE WASTEWATER LIFT STATION PUMPS (3-100 HP)

#### Minimum Requirements:

- Shall be Factory Mutual Explosion Proof listed submersible sewage pumps suitable for continuous duty operation underwater without loss of watertight integrity to a minimum depth of 50 feet.
- Pump system design shall include an Ebara/Flygt compatible guide rail system such that the pump will be automatically connected to the discharge piping when lowered into place on the discharge connection. The pump shall be easily removable for inspection or service, requiring no bolts, nuts, or other fasteners to be disconnected, or the need for personnel to enter the wet well.
- The motor and pump shall be designed, manufactured, and assembled by the same manufacturer.
- All major parts of the pumping unit including casing, impeller, suction cover, motor frame and discharge elbow shall be manufactured from gray cast iron, ASTM A48 (latest revision), Class 30 minimum.
- Castings shall have smooth surfaces devoid of blowholes or other casting irregularities.
- Casing design shall be centerline discharge with a large radius on the cutwater to prevent clogging.
- Units shall be furnished with an Ebara/Flygt compatible discharge elbow that has a 125 lb. flat face ANSI flange on the discharge side.
- All exposed bolts and nuts shall be stainless steel (Type 304 minimum).
- All mating surfaces of major components shall be machined and fitted with NBR O-rings where watertight sealing is required.
- Machining and fitting shall be such that sealing is accomplished by automatic compression of O-rings in two planes and O-ring contact is made on four surfaces without the requirement of specific torque limits.
- Internal and external surfaces are prepared to SPPC-VISI-SP -3-63 (latest revision) then coated with a zinc-chromate primer.
- The external surfaces are then coated with a coal tar epoxy specifically designed for use in wastewater applications.
- The impellers shall be single or multi-vane, semi-open or enclosed design.
- Pumps shall be capable of passing intact hard spheres of at least 3 inches in diameter. Pump suction and discharge openings shall be at least 4 inches in diameter.
- The impellers shall be dynamically balanced and shall be designed for solids handling with a long thru let without acute turns.
- The inlet edge of the impeller vanes shall be angled toward the impeller periphery.
- The impeller design shall include back pump out vanes.
- A lip seal shall be located behind the impeller hub.
- The design shall include a replaceable cast iron wear ring/plate.
- The wear ring shall be designed such that it may be adjusted to maintain working clearances and hydraulic efficiencies.



#### PRE-APPROVED MANUFACTURERS:

Please refer to:

[https://www.broward.org/  
WaterServices/Engineering/Documents/  
WWSLiftStationStandardPumps.pdf](https://www.broward.org/WaterServices/Engineering/Documents/WWSLiftStationStandardPumps.pdf)

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Date Last Issued: See Next Page  
Date First Issued: See Next Page  
Standard Detail: See Next Page

Sheet Number

9.1



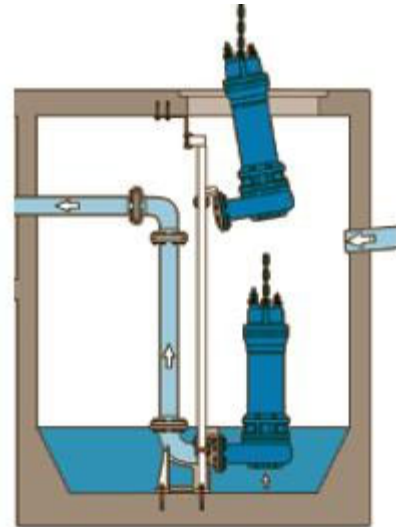
**Water & Wastewater Services  
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## PRODUCT SPECIFICATIONS

### SUBMERSIBLE WASTEWATER LIFT STATION PUMPS (3-100 HP)

#### Minimum Requirements (Cont'd):

- The manufacturer shall offer vortex impellers on pumps 3 to 30 HP as a standard option.
- The design shall include replaceable shoe adapter plates that are not cast as part of the pump assembly.
- There shall be a replaceable rubber gasket interface between the base elbow and pump discharge for pumps under 50 HP. Pumps larger than 50 HP shall have a replaceable wear plate.
- Pumps shall be designed to include a double mechanical seal in a cartridge mounted or tandem arrangement.
- Each seal shall be positively driven and act independently with its own spring system.
- The oil filled seal chamber shall be designed to prevent over-filling and include an anti-vortexing vane to insure proper lubrication of both seal faces.
- Lower face materials shall be silicon carbide, upper faces carbon vs. ceramic, NBR elastomers, and stainless steel (Type 304 minimum) hardware.
- Seal system shall not rely on pumping medium for lubrication.
- The pump motor shall be an air filled induction type with a squirrel cage rotor, shell type design, built to NEMA MG-1 (latest revision), Design B specifications.
- The motor shall be rated by Factory Mutual as Explosion Proof and suitable for operation in Class 1, Division 1, Groups C & D environments. Ratings by other agencies are not acceptable and will not be considered.
- The pump motor will be furnished with a large lifting bail constructed of stainless steel (Type 304 minimum). Lifting rings are not acceptable. The bail shall not be an integral part of any other pump casting/housing. The bail shall be replaceable.
- The lifting bails must provide proper balance to the pump so that it is tilted to properly engage the guide rail system and base elbow.
- 3 HP through 60 HP models shall be capable of operating on 208, 230 or 460 volts without requiring a special stator.
- 75 HP and larger shall operate on 460 volts.
- Stator windings shall be copper, insulated with moisture resistant Class F insulation, rated for 311°F minimum.
- The stator shall be dipped and baked in minimum Class F varnish and heat shrunk fitted into the stator housing.
- Rotor bars and short circuit rings shall be manufactured of cast aluminum.
- Motor shaft shall be one piece stainless steel (Type 304 minimum) rotating on two permanently grease lubricated ball bearings designed for a minimum L-10 life of 60,000 hours.
- On pumps 3 to 60 HP the motor service factor shall be 1.15 minimum rated for a maximum of 10 starts per hour.
- Pumps 75 HP and larger shall have a 1.10 minimum motor service factor rated for a maximum of 10 starts per hour.
- The motor shall be designed for intermittent pumping in a dry environment or at a maximum sump temperature of 120°F.
- Voltage and frequency tolerances shall be a maximum 10 / 5% respectively.



#### PRE-APPROVED MANUFACTURERS:

Please refer to:

[https://www.broward.org/  
WaterServices/Engineering/Documents/  
WWSLiftStationStandardPumps.pdf](https://www.broward.org/WaterServices/Engineering/Documents/WWSLiftStationStandardPumps.pdf)

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Date First Issued: See Next Page  
Standard Detail: See Next Page

Sheet Number

9.1(Cont'd)



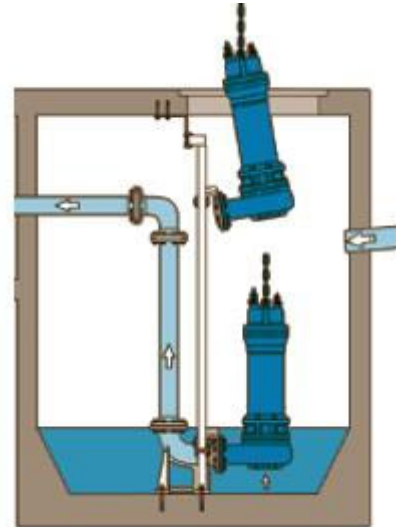
**Water & Wastewater Services  
Engineering Division**  
2555 West Copans Road  
Pompano Beach, Florida  
33069  
Tel 954-831-0745  
FAX 954-831-0798

## PRODUCT SPECIFICATIONS

### SUBMERSIBLE WASTEWATER LIFT STATION PUMPS (3-100 HP)

#### Minimum Requirements (Cont'd):

- Motor over temperature protection shall be provided by three (3) thermal protectors (klixons) embedded in the windings.
- The (3) klixons shall be normally closed and embedded, one in each of the three phases. The klixons shall be wired in series.
- A system to detect mechanical seal failure shall be provided.
- Motors 75 HP and larger shall be capable of being furnished with an integral cooling jacket.
- Power cable jacket shall be manufactured of an oil resistant chloroprene rubber material designed for submerged applications.
- The cable entry seal shall be watertight to a depth of 50 feet.
- The cable entry system shall be the same for both the power and control cables. The power and sensor cable furnished must be a minimum of 60' long.
- The pump design shall include an Ebara/Flygt compatible discharge flange suitable for guiding the pump on two stainless steel (Type 304 minimum) schedule 40 guide rails sized to mount directly to a base elbow at the floor of the wet well and to a stainless steel (Type 304 minimum) guide rail bracket at the top of the wet well below the hatch opening. Guide cables are not an acceptable substitute for guide rails.
- The proposed pump guide rail system shall be fully compatible and interchangeable with systems currently installed and in use in the WWS system : a) pumps 3 HP to 20 HP will use 2 inch schedule 40 stainless steel (Type 304 minimum) double guide rails, and b) pumps 25 HP and larger will use 3 inch schedule 40 stainless steel (Type 304 minimum) double guide rails.
- The Ebara/Flygt compatible base elbow shall be manufactured of cast iron, ASTM A48 Class 30 minimum.
- The base elbow shall be designed to adequately support the guide rails, discharge piping, and pumping unit under both static and dynamic loading conditions with support legs that are suitable for anchoring it to the wet well floor. The entire weight of the pump unit shall be guided to and wedged tightly against the inlet flange of the base elbow.
- The face of the inlet base elbow flange shall be perpendicular to the floor of the wet well.
- The discharge flange of the base elbow shall meet ANSI B16.1 (latest revision) Class 125.
- The pump design shall include a self-aligning sliding bracket.
- Sealing of the pumping unit to the base elbow shall be accomplished by a single, linear, downward motion of the pump.
- The motor junction area shall use either rings eyes or a terminal board to connect the power cables to the stator leads.



#### PRE-APPROVED MANUFACTURERS:

Please refer to:

[https://www.broward.org/  
WaterServices/Engineering/Documents/  
WWSLiftStationStandardPumps.pdf](https://www.broward.org/WaterServices/Engineering/Documents/WWSLiftStationStandardPumps.pdf)

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Sheet Number

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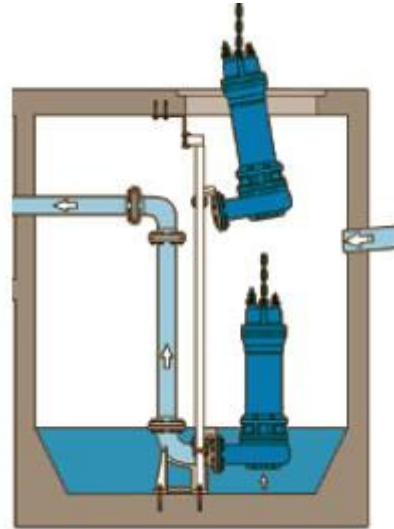
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## PRODUCT SPECIFICATIONS

### SUBMERSIBLE WASTEWATER LIFT STATION PUMPS (3-100 HP)

#### Minimum Requirements (Cont'd):

- The pump design will provide for being not submerged a distance equal to half the height of the pump during each pump down cycle.
- WWS uses 17 standard pump curves. A manufacturer's trimmed or untrimmed impeller pump curve must be within 15% of the required flow at the required head for the left and right points and within 7% of the required flow at the required head for the mid point for the manufacturer's pump to meet WWS minimum requirements for that standard curve. It is expected that one manufacturer may not be able to meet minimum standard curve requirements for all curves.
- All pumps will be supplied with the impellers that meet WWS standard curve requirements, except for pumps for curve numbers 14 through 17. Curve 14 through 17 pump impellers may be further trimmed to meet specific design parameters.
- See "WWS Standard Lift Station Pumps" document for standard pump curves and operating points.



#### PRE-APPROVED MANUFACTURERS:

Please refer to:

<https://www.broward.org/WaterServices/Engineering/Documents/WWSLiftStationStandardPumps.pdf>

Date: July 24, 2017  
Date Last Issued: January 23, 2013  
Date First Issued: June 23, 2010  
Standard Detail: WWS Standard Lift Station  
Details

Sheet Number

9.1(Cont'd)



Department of Public Works & Transportation • Water & Wastewater Services

**WATER & WASTEWATER ENGINEERING DIVISION**

2555 West Copans Road • Pompano Beach, Florida 33369 • 954-831-0745 • FAX 954-831-0798/0925

## **WWS STANDARD LIFT STATION PUMPS**

Date Issued: October 14, 2021

Date last Issued: January 22, 2021

Date First Issued: January 3, 2006

This document approved by the Broward County Water & Wastewater Services Technical Standards Committee.

Jeremy Seiden, P.E., BCEE, PMP, Committee Chair

Water and Wastewater Services (WWS) uses a suite of standard pumps for its wastewater lift stations. See *Product Specifications* for detailed requirements for these pumps. This document contains information on the current set of pumps which may change with each new procurement contract.

Electrical service shall be three (3) phase and 240 volts for all pumps rated from 3.0 up to and not including 20.0 horsepower. For all pumps rated 20.0 horsepower and above, the electrical service shall be three (3) phase and 480 volts.

The Acceptable Operating Range is 40% to 120% of the flow at the best operating point.

The impeller shown is the only impeller allowed. For curves 14 through 17 only, the impeller may be trimmed to meet specific design considerations. All other impellers must be supplied untrimmed.

Attachment A2

**WWS Current Standard Pumps**

| Curve | Acceptable<br>Operating<br>Range<br>(gpm) | Mfg.     | Model                                                                         | Impeller \<br>Discharge                                           | HP  | Guide |
|-------|-------------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------------|-----|-------|
| 1     | 120-360                                   | Ebara    | 100DLBKFMU62.24 (480v)<br>100DLBKFMU62.2S (240v)<br>100DLBKFMU62.22 (240v)    | DLK-C614-9203 \ 4"<br>DLK-C614-9203 \ 4"<br>DLK-C614-9203 \ 4"    | 3   | 2"    |
| 2     | 130-380                                   | Ebara    | 100DLMBKFMU63.74 (480v)<br>100DLMBKFMU63.7S (240v)<br>100DLMBKFMU63.72 (240v) | DLMK-C607-9203 \ 4"<br>DLMK-C607-9203 \ 4"<br>DLMK-C607-9203 \ 4" | 5   | 2"    |
| 3     | 160-500                                   | Grundfos | SL1.30.A40.55.EX.4.61R.C (480v)<br>SL1.30.A40.55.EX.4.61R.C (240v)            | S-TUBE \ 4"                                                       | 5.5 | 2"    |
| 4     | 180-530                                   | HOMA     | AMS434-200/7,5T/CFM (480v)<br>AMS434-200/7,5T/CFM (240v)                      | 7 - 7/8" \ 4"<br>7 - 7/8" \ 4"                                    | 7.5 | 2"    |
| 5     | 180-550                                   | HOMA     | AMS434-210/7,5T/CFM (480v)<br>AMS434-210/7,5T/CFM (240v)                      | 7-15/16" \ 4"<br>7-15/16" \ 4"                                    | 10  | 2"    |
| 6     | 210-630                                   | HOMA     | AMS434-220/10,4T/CFM (480v)<br>AMS434-220/10,4T/CFM (240v)                    | 8-11/16" \ 4"<br>8-11/16" \ 4"                                    | 10  | 2"    |
| 7     | 220-660                                   | HOMA     | AMS434-230/13P/CFM (480v)<br>AMS434-230/13P/CFM (240v)                        | 230mm \ 4"<br>230mm \ 4"                                          | 15  | 2"    |
| 8     | 230-700                                   | HOMA     | AMS434-248/15P/CFM (480v)<br>AMS434-248/15P/CFM (240v)                        | 9-3/4" \ 4"<br>9-3/4" \ 4"                                        | 15  | 2"    |
| 9     | 230-700                                   | HOMA     | AMS434-255-15P/CFM (480v)<br>AMS434-255-15P/CFM (240v)                        | 10" \ 4"<br>10" \ 4"                                              | 15  | 2"    |
| 10    | 320-960                                   | HOMA     | AMX644-260/20P/CFM (480v)                                                     | 10-1/8" \ 6"<br>10-1/8" \ 6"                                      | 20  | 2"    |
| 11    | 260-760                                   | HOMA     | AMS434-260/20P/CFM (480v)                                                     | 10-1/4" \ 4"<br>10-1/4" \ 4"                                      | 20  | 2"    |
| 12    | 260-780                                   | Ebara    | 100DLMBKFMU61.8 (480v)                                                        | DLMK-C612-9203 \ 4"                                               | 25  | 3"    |
| 13    | 420-1260                                  | HOMA     | AMX644-300/30F/CFM (480v)                                                     | 11-1/2" \ 6"                                                      | 30  | 3"    |
| 14    | 500-1500                                  | HOMA     | AMX644-310/39.2F/CFM (480v)                                                   | 12-5/16" \ 6"                                                     | 40  | 3"    |
| 15    | 400-1260                                  | Ebara    | 150DLFU63.7 (480v)                                                            | 13.11 in. \ 6"                                                    | 50  | 3"    |
| 16    | 480-1450                                  | Ebara    | 150DLBFMU64.5 (480v)                                                          | DLY-C602-9203 \ 6"                                                | 60  | 3"    |
| 17    | 668-2000                                  | Ebara    | 150DSC4AO (480v)                                                              | 12.99 in \ 6"                                                     | 75  | 3"    |
| 18    | 750-2250                                  | Ebara    | 150DSC4BC (480v)                                                              | 14.17 in. \ 6"                                                    | 100 | 3"    |

# EBARA Submersible Sewage Pumps

DLFU

## Model Designation

|                                             |             | 100       | DL/DLF<br>/DLMF | B | K | U | 6 | 1.5 |  | 2 |
|---------------------------------------------|-------------|-----------|-----------------|---|---|---|---|-----|--|---|
| <b>DISCHARGE SIZE – mm</b>                  |             |           |                 |   |   |   |   |     |  |   |
| 50mm – 2"                                   | 200mm – 8"  |           |                 |   |   |   |   |     |  |   |
| 80mm – 3"                                   | 250mm – 10" |           |                 |   |   |   |   |     |  |   |
| 100mm – 4"                                  | 300mm – 12" |           |                 |   |   |   |   |     |  |   |
| 150mm – 6"                                  |             |           |                 |   |   |   |   |     |  |   |
| <b>MODEL/TYPE</b>                           |             |           |                 |   |   |   |   |     |  |   |
| DL/DLF/DLMF – submersible sewage pump       |             |           |                 |   |   |   |   |     |  |   |
| DLMF/DLMFM – FM explosion proof designation |             |           |                 |   |   |   |   |     |  |   |
| Broward County OES designation              |             |           |                 |   |   |   |   |     |  |   |
| K Series designation                        |             |           |                 |   |   |   |   |     |  |   |
| <b>GEOGRAPHIC DESIGNATION</b>               |             |           |                 |   |   |   |   |     |  |   |
| U – U.S.A. market                           |             |           |                 |   |   |   |   |     |  |   |
| <b>HERTZ</b>                                |             |           |                 |   |   |   |   |     |  |   |
| 6-60                                        |             |           |                 |   |   |   |   |     |  |   |
| <b>RATED KW</b>                             |             |           |                 |   |   |   |   |     |  |   |
| 1.5 – 2HP                                   | 7.5 – 10HP  | 22 – 30HP |                 |   |   |   |   |     |  |   |
| 2.2 – 3HP                                   | 11 – 15HP   | 30 – 40HP |                 |   |   |   |   |     |  |   |
| 3.7 – 5HP                                   | 15 – 20HP   | 37 – 50HP |                 |   |   |   |   |     |  |   |
| 5.5 – 7 1/2HP                               | 18 – 25HP   | 45 – 60HP |                 |   |   |   |   |     |  |   |
| <b>PHASE</b>                                |             |           |                 |   |   |   |   |     |  |   |
| S – single phase                            |             |           |                 |   |   |   |   |     |  |   |
| none – three phase                          |             |           |                 |   |   |   |   |     |  |   |
| <b>VOLTAGE</b>                              |             |           |                 |   |   |   |   |     |  |   |
| 2 - 208/230                                 |             |           |                 |   |   |   |   |     |  |   |
| 4 - 460                                     |             |           |                 |   |   |   |   |     |  |   |
| 5 - 575                                     |             |           |                 |   |   |   |   |     |  |   |