



TO: Nancy Olesen
Purchasing Division
FROM: Mark Darmanin, Director
Water and Wastewater Operations Division
SUBJECT: Solicitation No.: PNC2129310B1
Storage Tanks Installation, Maintenance, Repair Services & Associated Plant Processes

Recommended Vendor: RF Environmental Services, Inc.
Recommended Group(s)/Line Item(s): 01-1 through 01-28
Initial Award Amount: \$ 1,544,880.00 Potential Total Amount: \$ 3,862,200.00
Initial Contract Term: Two Years Contract Term, including Renewals: Five 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 Provide explanation if choosing this option

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 ≥ 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 ≤ 2.59 on an evaluation(s). Refer to additional information.
☐ Vendor received a score of ≤ 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: Oscar Asgar TITLE: Construction Project Manager
(Individual authorized to administer the contract.)

SIGNATURE: Oscar Asgar Digitally signed by Oscar Asgar
Date: 2025.05.01 10:10:58 -04'00' DATE: 5/1/25

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Concurrence: PNC2129310B1 Storage Tanks Installation, Maintenance, Repair Services, and Associated Plant Processes

TYPED NAME OF SIGNER: Mark Darmanin TITLE: Director, WWOD

SIGNATURE: Mark Darmanin Digitally signed by Mark Darmanin
Date: 2025.05.01 13:57:03 -04'00' DATE:



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2129310B1, Storage Tanks Installation, Maintenance, Repair Services

Reference for (Name of Firm): RF Environmental Services, Inc.

Organization/Firm Name providing reference: Miami Dade County

Contact Name: Alejandro Echeverry

Title: Construction Manager 2

Contact Email: alejandro.echeverry@miamidade.gov

Contact Phone: (786) 893-5425

Name of Referenced Project: Alexander Orr WTP - Bulk Sodium Hypochlorite Feed and Storage Facility

Contract No. W-952

Contract Amount: 4,362,930.00

Date Services Provided: 7/24/2023 until Current

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

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Construction of a new sodium hypochlorite storage and feed system at Alexander Orr, Jr Water Treatment Plant

Please rate your experience with the referenced Vendor:

	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWOD/ Water and Wastewater Services

Date of Verification: 04/28/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2129310B1, Storage Tanks Installation, Maintenance, Repair Services

Reference for (Name of Firm): RF Environmental Services, Inc.

Organization/Firm Name providing reference: City of Lauderdale

Contact Name: Steve Hillberg

Title: Project Manager

Contact Email: shillberg@fortlauderdale.gov

Contact Phone: (954) 336-6970

Name of Referenced Project: City of Fort Lauderdale Five-Ash WTP Filter Rehabilitation _Phase 2

Contract No. n/a

Contract Amount: 3,301,397.00

Date Services Provided: 12/30/2023

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

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

I did not manage this project. I obtained the information provided above by discussing the project with the water treatment plant manager.

References Checked By

Name: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWOD/ Water and Wastewater Services

Date of Verification: 04/28/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2129310B1, Storage Tanks Installation, Maintenance, Repair Services

Reference for (Name of Firm): RF Environmental Services, Inc.

Organization/Firm Name providing reference: City of Plantation

Contact Name: Brett Miller Title: Project Superintendent

Contact Email: Bmiller@plantation.org Contact Phone: (954) 326-7634

Name of Referenced Project: Plantation East WTP Chemical Storage

Contract No. n/a Contract Amount: 3,476,000.00

Date Services Provided: 12/30/2023

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

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

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

Description of services provided by Vendor:

construction of new chemical containments and install of chemical pumps , tanks, and equipment.

Please rate your experience with the referenced Vendor:	Needs Improvement	Satisfactory	Excellent	Not Applicable
1. Vendor's Quality of Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff expertise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Timeliness of:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Oscar Asgar Title: Construction Project Manager

Division/Department: WWOD/ Water and Wastewater Services Date of Verification: 04/28/2025



Vendor Reference Verification Form for Bids and Quotes

Broward County Solicitation No. and Title: PNC2129310B1, Storage Tanks Installation, Maintenance, Repair Services

Reference for (Name of Firm): RF Environmental Services, Inc.

Organization/Firm Name providing reference: Pembroke Pines WTP Improvements

Contact Name: George Wrves

Title: Asst. Director- Utilities

Contact Email: gwrves@ppines.com

Contact Phone: (954) 326-7634

Name of Referenced Project: Install New Air Scour System on (16) Greenleaf Filter Cell, Including New Blower & Air Distribution

Contract No. PSUT-19-03

Contract Amount: 2,879,686.00

Date Services Provided: 08/2021

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

Vendor's role in Project: ☒ Prime Vendor ☐ Subconsultant/Subcontractor

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

Description of services provided by Vendor:

Installation of an air scour system for the water filters at the WTP, and rehabilitation of a lift station.

Please rate your experience with the referenced Vendor:

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

Additional Comments: (provide on additional sheet if needed)

References Checked By

Name: Oscar Asgar

Title: Construction Project Manager

Division/Department: WWOD/ Water and Wastewater Services

Date of Verification: 04/28/2025