The City of WORCESTER

Administration & Finance – Purchasing Division
Christopher J. Gagliastro, MCPPO – Purchasing Director
455 Main Street, Room 201, Worcester, MA 01608
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November 16, 2022

To All Bidders:

Subject: **RFP #: 7912-W3, Software – Cross Connection Control / DPWP**

ADDENDUM NO. 1

To Whom It May Concern:

With reference to our proposal request relative to the above subject, please refer to the changes/modifications/clarifications to the original proposal request.

- **PLEASE SEE BELOW QUESTIONS RECEIVED AND RESPONSES FROM CITY**

1) The language in the RFP suggests that city inspectors test all backflow preventers throughout the community. Is this true?
Yes, City personnel are testing all backflows in the City and all billing for inspections is handled by the City.

2) The language in the RFP also states that notifications to device owners must be sent when tests are due. Is this true? If so, why are "Test Due" notifications sent if city staff is performing all of the tests?
Yes, notifications of when the next due date for testing are sent either with results of the current testing or separately closer to the time of the next test. This is done to keep the owners aware of the schedule of testing for their facility as coordination will be necessary to gain access to the facility/facilities under their control. This also serves as a courtesy for cost planning on the part of the customer.

3) Reading further, you have a requirement of 5 years experience implementing programs in Massachusetts and/or Connecticut. You have thereby removed a large group of potential service providers, including us. We serve hundreds of water utilities nationwide and are an originator of online backflow tracking. We are also the 2nd largest and most established cross connection firm in the country. Unlike others, staff consists of licensed plumbers, cross connection control experts, former military, and former utility staff members.

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The mission of our program is to provide all our customers safe potable water protected from any possible cross connections in the distribution system The City of Worcester, similar to many other communities, adopted in-house testing of BFP devices as well as surveys of facilities supplied by the Public Water System. Massachusetts regulations regarding cross connection programs and the management of those programs are significantly different from the majority of other states. Therefore, we are looking for respondents who have experience locally and a product that operated with our program needs.

For more information regarding the structure, requirements and management of cross connection control programs in Massachusetts please refer to The Massachusetts Drinking Water Regulations 310 CMR 22.22 and the MADEP Cross Connection Control Program manual.

Experience in the State of Connecticut was included to expand the field of respondents as the regulations governing cross connection control programs in Connecticut are more similar to Massachusetts regulations than the remainder of the states.

4) Does Worcester use the standard test form and survey form that can be found on the mass.gov website? If the Worcester forms have been amended in any way, can they be provided?
Please see attached City forms.

Proposers are requested to acknowledge and/or include this addendum with submission. All other terms, conditions and specifications remain unchanged.

Very truly yours,

Christopher J. Gagliastro
Purchasing Director

DEPARTMENT OF PUBLIC WORKS
PWSID 2348000
18 East Worcester Street
Worcester Massachusetts 01604
Phone: (508) 799-1493 Fax: (508) 453-2889

Cross-Connection Survey Report Form & Violation Notice

Account #:
Facility Name:

Mailing Address:

Address:

Date Survey Taken:
Size of Service Connection:
Is the Service Metered?

Contact Phone:
Type of Facility:
Facility Use:
SurveyType:

1. Is Supplement protection at the meter required (containment device)?		
	If YES, what type of back flow device is in use?	
2. Does facility require non-interrupted water service?		
3. Does boiler feed utilize chemical additives?		
	If YES, is the boiler protected with a back flow device?	
4. Does this facility have an air conditioning cooling tower?		
	If YES, is the cooling tower protected with a back flow device?	
5. Is a water saver in use on condensing lines or cooling tower?		
	If YES, is the make-up line protected with a back flow device?	
6. Is process water in use in this facility?		
	If YES, is the process water "potable" water or "raw" water?	
	If YES, is the process water line protected with a back flow device?	
7. Does this facility have a fire protection system?		
	If YES, is the fire protection system supplied by a dedicated water line?	
	If YES, what type of back flow device is being used on the fire protection system?	

8. Violations Found

Exact Location of Cross-Connection	Haz. Degree	Device Needed	Comments

Facility Representative Name	Title	Date

Cross-Connection Surveyor (CCS) MA DEP CCS ID#	Date

Note: This report represents the opinion and recommendations of the author based upon the piping, equipment, processes and cross-connection control conditions seen solely at the time of the survey. No intent is made or implied, that all violations potentially existing within the facility at the time of survey or thereafter, have been seen or addressed.

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Backflow Prevention Device Test and Maintenance Form

Facility Information

Facility Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone: _____

Protection Information

Mfr/Mod/Size: _____
SN: _____
Loc: _____

Test Information

Test Date: _____ Tester: _____ Test Kit SN: _____ Test Type: _____

	Reduced Pressure Assembly			PVB / SVB	AVB
	Double Check Assembly				
	Check Valve #1	Check Valve #2	Relief Valve		
Initial Test	Held At (psid) ____	Held At (psid) ____	Opened At ____	**Air Inlet**	**Air Inlet**
	Closed Tight ☐	Closed Tight ☐	Did Not Open ☐	Opened At ____	Closes when water flows
	Leaked ☐	Leaked ☐	**Buffer (CV#1-RV)**	Did Not Open ☐	Opens when no water flows ☐
	Shut Off V #2 Closed Tight ☐ Leaked ☐		____	**Check Valve** Held At ____ Leaked ☐	Height above outlets (in.) ____
Repair	Cleaned ☐	Cleaned ☐	Cleaned ☐	Cleaned ☐	Physical Condition:
	Replaced ☐	Replaced ☐	Replaced ☐	Replaced ☐	
Give Detail Here					
Final Test	Held At (psid) ____	Held At (psid) ____	Opened At ____	**Air Inlet**	**Air Gap**
	Closed Tight ☐	Closed Tight ☐		Opened At ____	Pass ☐
			Buffer (CV#1-RV)	**Check Valve**	Fail ☐
	Shut Off Valve #2	Closed Tight ☐	____	Held At ____	

Comments

Test Result _____

Tester Information

Tester Name: _____
Phone: _____
Certification No: _____
Signature: _____

I certify that all information on this test is true and correct

Facility Representative

Name, Position: _____
Signature: _____