

**PART A**

**QUALIFICATION SUBMISSION**

**THE CITY OF WINNIPEG**

**Form A: Qualification Application**

1. Project Title Request for Qualifications for the Supply and Installation of Cured-In-Place Pipe (CIPP)

2. Applicant \_\_\_\_\_  
Name of Applicant  
  
\_\_\_\_\_  
Street  
  
\_\_\_\_\_  
City Province Postal Code

3. Contact Person The Applicant authorizes the following contact person to represent the Applicant for the purposes of the Application.  
  
\_\_\_\_\_  
Contact Person Title  
  
\_\_\_\_\_  
Telephone No. Facsimile No.

4. Request The Applicant wishes to be considered as pre-qualified Suppliers and Installers for CIPP Liner Systems in the City of Winnipeg, in 2006.

5. Qualification The Applicant has completed Form B - Qualification-Supplier and Form C - Qualification-Installer, appended hereto.

6. Addenda The Applicant certifies that the following addenda has been received, and agrees that they shall be deemed to form a part of this Pre-qualification request.

No. \_\_\_\_\_ Dated \_\_\_\_\_

No. \_\_\_\_\_ Dated \_\_\_\_\_

No. \_\_\_\_\_ Dated \_\_\_\_\_

**THE CITY OF WINNIPEG**

**Form A: Qualification Application**

7. Signatures

In witness whereof the Applicant or the Applicant's authorized official or officials have signed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

Signed and sealed in  
the presence of:

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

) Signature of Applicant or  
) Applicant's Authorized Official or Officials  
)  
)  
) \_\_\_\_\_  
)  
) (Print here name and official capacity of individual  
) whose signature appears above)  
)  
)  
) \_\_\_\_\_  
)  
) (Print here name and official capacity of individual  
) whose signature appears above)

SEAL

**THE CITY OF WINNIPEG**  
**Form B: Qualification - Supplier**

1. Name: \_\_\_\_\_
  
2. Address/Phone Number/Fax: \_\_\_\_\_  
\_\_\_\_\_
  
3. Contact Person (Name/Title/Phone/Fax): \_\_\_\_\_  
\_\_\_\_\_
  
4. Number of years experience supplying Liner Systems: \_\_\_\_\_
  
5. Proposed Liner System Name(s)  
for standard domestic sewage:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
6. Provide details of the Liner System(s) in accordance with the requirements of Sections C2, C3, and C4. Complete all shaded areas of Table B1 (numeric values shall be a single value used for design calculations, not a range of values). Attachments shall be provided (e.g. third party test results) to support the information indicated in Table B1. The attachments shall be marked and grouped in accordance with the reference numbers indicated in the right column of Table B1.
  
7. Attach the design procedures (Attachment No. 7) in accordance with the requirements of Section C2, applicable to:
  - (a) Assessment of pre- and post-lining hydraulic capacity
  
  - (b) Structural design for
    - i) partially deteriorated pipe condition
    - ii) fully deteriorated pipe condition
    - iii) segment missing from host pipe
    - iv) small holes in host pipe
    - v) non-circular cross sections

**THE CITY OF WINNIPEG**

\_\_\_\_\_  
NAME OF APPLICANT

**Form B: Qualification – Supplier**

Table B1: Liner System

| <b>Materials:</b>  |                            |                  |                  |                         |
|--|----------------------------|------------------|------------------|-------------------------|
| Liner System Name  |                            |                  |                  | <b>Attachment No.'s</b> |
| Resin: Name, Type, Manufacturer                                  |                            |                  |                  | <b>1*</b>               |
| Tube: Name, Type, Manufacturer                                   |                            |                  |                  | <b>2*</b>               |
| Tube Tensile Strength to ASTM D5035 (MPa)                        |                            |                  |                  | <b>3*</b>               |
| <b>Design</b>  |                            |                  |                  |                         |
| Liner System Name  |                            |                  |                  |                         |
| Flexural Strength to ASTM D790 (MPa)                             |                            |                  |                  | <b>4*</b>               |
| Flexural Modulus to ASTM D790 (MPa)                              |                            |                  |                  | <b>4*</b>               |
| Flexural Creep Modulus projected to 50 Years to ASTM D2990 (MPa) |                            |                  |                  | <b>5*</b>               |
| Chemical Resistance to ASTM F1216                                |                            |                  |                  | <b>6*</b>               |
| Enhancement Factor (based on close fit)                          |                            |                  |                  |                         |
| Poisson's Ratio  |                            |                  |                  |                         |
| <b>Experience</b>  |                            |                  |                  |                         |
|  |                            | In North America | In North America | In North America        |
| Diameters less than or equal to 900mm (min. 10,000m)             | Years in Service:          |                  |                  |                         |
|  | Length Installed (metres): |                  |                  |                         |
| Diameters greater than 900mm (min. 1,000m)                       | Years in Service:          |                  |                  |                         |
|  | Length Installed (metres): |                  |                  |                         |
| Non-circular cross sections (min. 1,000m)                        | Years in Service:          |                  |                  |                         |
|  | Length Installed (metres): |                  |                  |                         |

\* attach copies of third party test results in accordance with the requirements herein

\_\_\_\_\_  
 NAME OF APPLICANT

**THE CITY OF WINNIPEG**

**Form B: Qualification – Supplier**

8. Technical personnel (name, title, duties) responsible for Liner System design, installation and quality control procedures. Attach a brief resume. (Attachment No. 8).

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9. Describe installation and quality control procedures to be followed and monitored during Liner System fabrication and installation, including but not limited to the following:

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Tube Manufacturing (including size, seams (longitudinal and between layers) and integrity)

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Resin Storage and Mixing

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Wet-Out

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Liner Transportation and Storage

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Liner Insertion

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Curing and Cool Down (required pressures and temperatures)

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Repairs to Holes (made in the liner during wet out, for the purpose of adding resin)

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Other

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NAME OF APPLICANT

**THE CITY OF WINNIPEG**  
**Form B: Qualification – Supplier**

Table B2: Supplier Experience

Provide three project references, including at least one project to demonstrate experience with large diameter (greater than 900mm) and one project to demonstrate experience with non-circular cross sections. The CIPP liner installations must have been completed prior to December 31, 2003.

|  | <b>Project #1</b> | <b>Project #2<br/>Large Diameter<br/>(&gt;900mm)</b> | <b>Project #3<br/>Non—Circular<br/>Cross Section</b> |
|--|-------------------|--|--|
| Project Name:  |                   |  |  |
| Location:  |                   |  |  |
| Description (diameter/<br>dimensions, length,<br>depth, unique<br>conditions, etc.): |                   |  |  |
| Installation Date:   |                   |  |  |
| Value:   |                   |  |  |
| Client Contact:<br>Name, telephone<br>number   |                   |  |  |

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NAME OF APPLICANT

**THE CITY OF WINNIPEG**

**Form C: Qualification – Installer**

1. Installer's Name: \_\_\_\_\_

2. Installer's Address/Phone Number/Fax: \_\_\_\_\_

\_\_\_\_\_

3. Year Established: \_\_\_\_\_

4. Contact Person (Name/Phone/Fax): \_\_\_\_\_

\_\_\_\_\_

5. Designer proposed for the project (name, title, duties) responsible for the Liner System design. (Attachment No. 9)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Project Manager proposed for the project (name, title, duties) responsible for overall project organization, control and scheduling. Attach a brief resume. (Attachment No. 10)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Site Superintendent proposed for the project (name, title, duties) responsible for day-to-day site operations and installation activities. Attach a brief resume. (Attachment No. 11)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NAME OF APPLICANT



**THE CITY OF WINNIPEG**

**Form C: Qualification – Installer**

8. Provide details of Installer training (i.e. names of individuals who have completed the training) including but not limited to the following:

Courses Attended

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Field Demonstrations Attended

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Project Work Completed

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9. Describe installation and quality control procedures to be followed and monitored during Liner System assembly and installation including but not limited to the following:

Resin Mixing and Wet-Out

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Liner Transportation and Storage

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Bypassing Pumping

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\_\_\_\_\_  
NAME OF APPLICANT

**THE CITY OF WINNIPEG**  
**Form C: Qualification – Installer**

Liner Repair (e.g. Tear)

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Liner Insertion (Circular and non-circular)

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Curing and Cool Down (process and monitoring procedures)

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Dye Trace Testing & Service Connection Reinstatement

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Test Samples (method of securing confined samples)

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Other

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\_\_\_\_\_  
NAME OF APPLICANT

**THE CITY OF WINNIPEG**

**Form C: Qualification – Installer**

10. Provide installation procedures for partial length sewer lining via single manhole access (blind shot) including but not limited to length and diameter limitations, resin, tube, curing, etc:

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11. Provide installation procedures for localized trenchless point repairs (length 1 – 9 m) including but not limited to length, diameter and location limitations, resin, tube, curing method, securing and testing of field samples, etc:

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12. If the Installer is working under license to a Supplier, provide a copy of the license or certificate detailing the conditions of the License.

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NAME OF APPLICANT





