DANE COUNTY DEPT. OF PUBLIC WORKS, HIGHWAY & TRANSPORTATION

1919 Alliant Energy Center Way Madison, Wisconsin 53713 Office: 608/266-4018 ◊ Fax: 608/267-1533 Public Works Engineering Division Public Works Solid Waste Division

ADDENDUM 1

September 21, 2017

ATTENTION ALL REQUEST FOR BID (RFB)HOLDERS

RFB NO. 317033 - ADDENDUM NO. 1

DORN CREEK SEDIMENT REMOVAL

BIDS DUE: September 26, 2017, 2:00 PM. DUE DATE AND TIME ARE NOT CHANGED BY THIS ADDENDUM.

This Addendum is issued to modify, explain or clarify the original Request for Bid (RFB) and is hereby made a part of the RFB. Please attach this Addendum to the RFB.

PLEASE MAKE THE FOLLOWING CHANGES:

1. Section 02225 Hydraulic Dredging for Sediment Removal:

Change: Add the following at the end of Section 02225 1.01 A. 9.: "CONTRACTOR shall submit all permit application materials, all issued permits, and all of CONTRACTOR's permit compliance information (ie: water quality testing results at a minimum weekly basis) to OWNER."

Change: Add the following to the end of Section 02225 3.04 M: "Monitoring shall be in accordance with Section 3.3 of WPDES Permit No. WI-0046558-05-0 for Carriage and/or Interstitial Water Resulting from Dredging Operations. Return water discharge shall not cause any erosion issues."

Change: Delete the last sentence of Section 02225 3.04 O.

Change: Replace Section 02225 3.04 Q. with the following: "Restoration of the dredging spoils dewatering area shall consist of seeding over the dewatering bags with a cover crop in the spring of 2018 per Section 02930-Restoration, cutting open dewatering bags in late-summer 2018 to spread the sediment over adjacent lands consistent with the final disposition grading plan, removal of the underlying plastic liner, and restoration with Cool Season Grass Seed Mixture, cover crop, and mulch by September 1, 2018, per Section 02930-Restoration."

Change: Delete the last sentence of Section 02225 3.04 S. 2. and add the following: "Contractor shall utilize low-impact methods for construction access within the **Support Work Zone** and between the **Dredging Work Zone** and **Support Work Zone** as further defined below. Acceptable low-impact methods for construction access include use of low ground contact pressure equipment (maximum ground bearing contact pressure of 4 pounds per square inch), standard equipment with marsh mats, and standard equipment with rubber matting over frozen ground. Frozen ground is defined as a minimum of 2 feet of frost which must be verified by CONTRACTOR and witnessed

by OWNER staff at the start of each work day. CONTRACTOR work in the **Support Work Zone** and between the **Dredging Work Zone** and **Support Work Zone** is expected to minimize damage to underlying vegetation including but not limited to no tire or track spinning, tire and tracks must be moving at all times while maneuvering equipment, and maximum depth of rutting shall be 3 inches. CONTRACTOR's operations shall be suspended if experiencing greater than 3 inches of rutting or an alternate low-impact method for construction access shall be utilized."

Change: Replace the last two sentences of Section 02225 3.04 T. with the following: "The channel bottom shall have been dredged to the parent material level to a reasonably clean state just prior to the time of the dredging check OWNER and ARCHITECT/ENGINEER will perform dredging checks from upstream to downstream. CONTRACTOR shall coordinate dredging checks with OWNER and ARCHITECT/ENGINEER. CONTRACTOR shall provide transport of OWNER and ARCHITECT/ENGINEER staff to the **Dredging Work Zone** for purposes of performing dredging checks. CONTRACTOR shall provide watercraft and CONTRACTOR staff to assist OWNER and ARCHITECT/ENGINEER staff in performing dredging checks."

2. Section 02285 Woody Debris Restoration

Change: Delete Section 02285 2.01 B. and replace with the following: "Woody debris shall have an 8-inch to 12-inch diameter, and a minimum of 8 feet of the trunk must be attached to provide for adequate anchoring in the bank."

3. Sheet 2

Delete current Sheet 2; replace with new Sheet 2, issued with this Addendum.

4. Sheet 7

Delete current Sheet 7; replace with new Sheet 7, issued with this Addendum.

5. Sheet 8

Delete current Sheet 8; replace with new Sheet 8, issued with this Addendum.

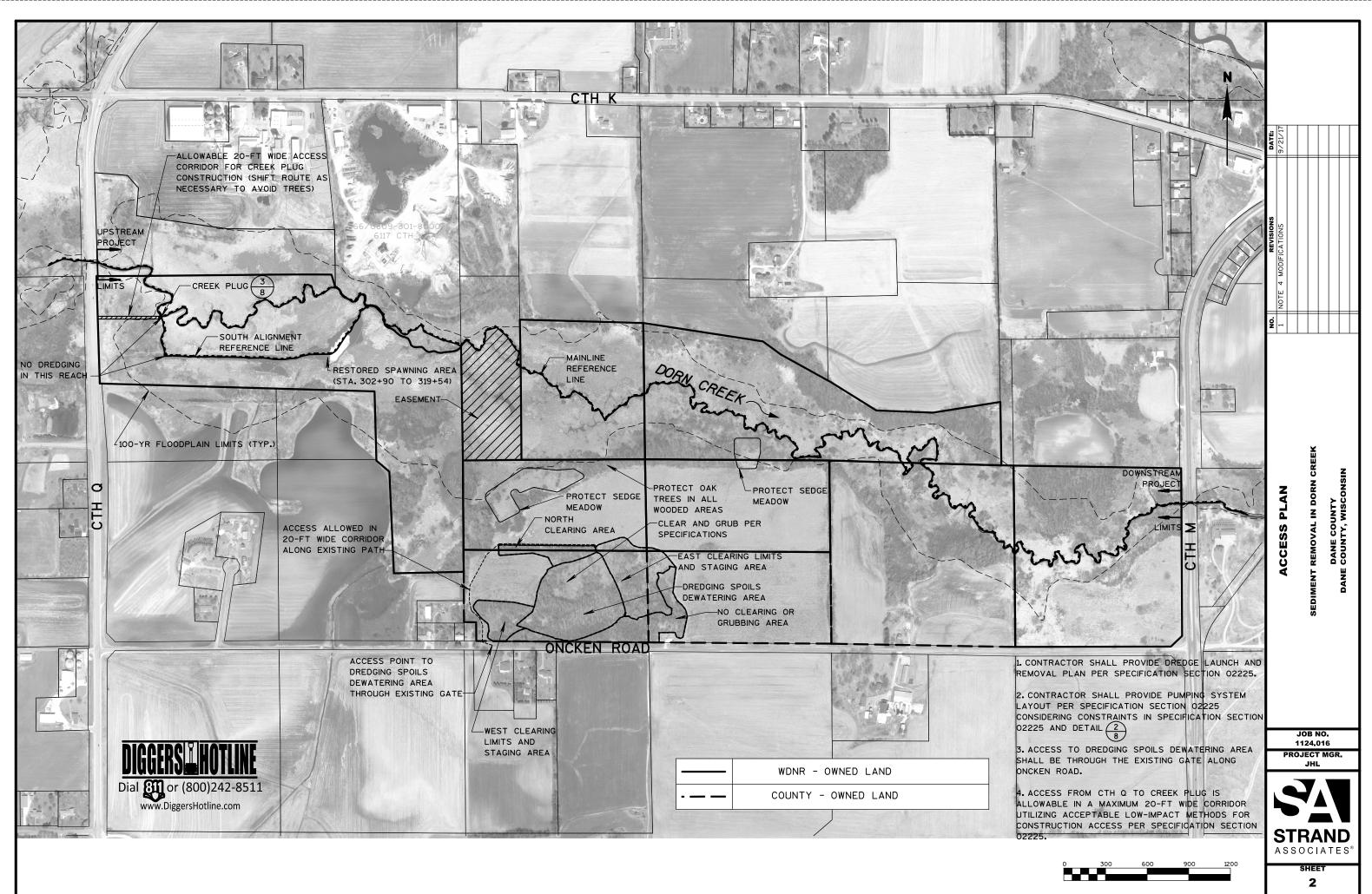
Informational Item(s):

WDNR WPDES - Additive Review Worksheet

If any additional information about this Addendum is needed, please call Ryan Shore at 608/266-4475, shore@countyofdane.com.

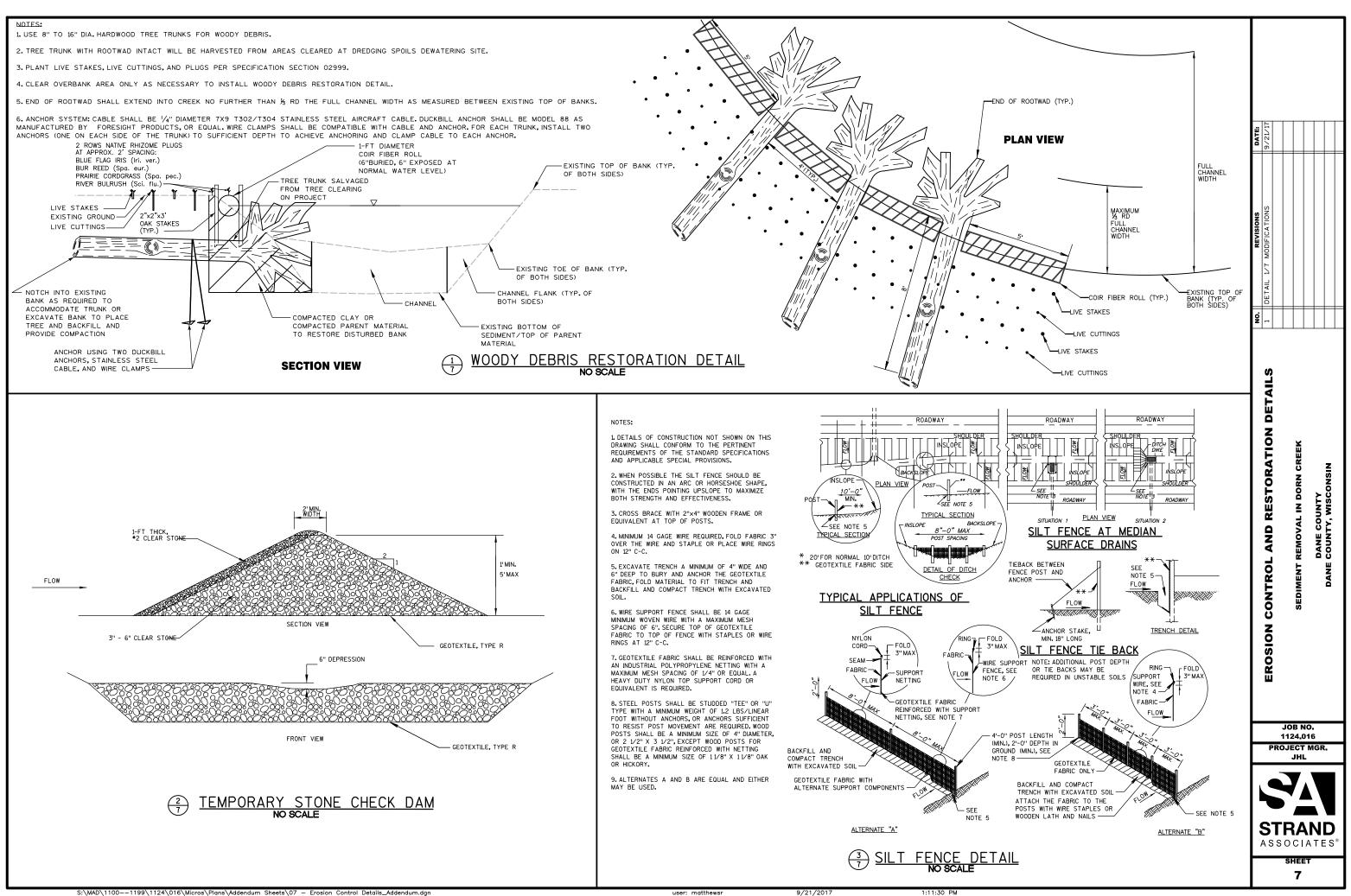
Sincerely, *Ryan Shore* Project Manager

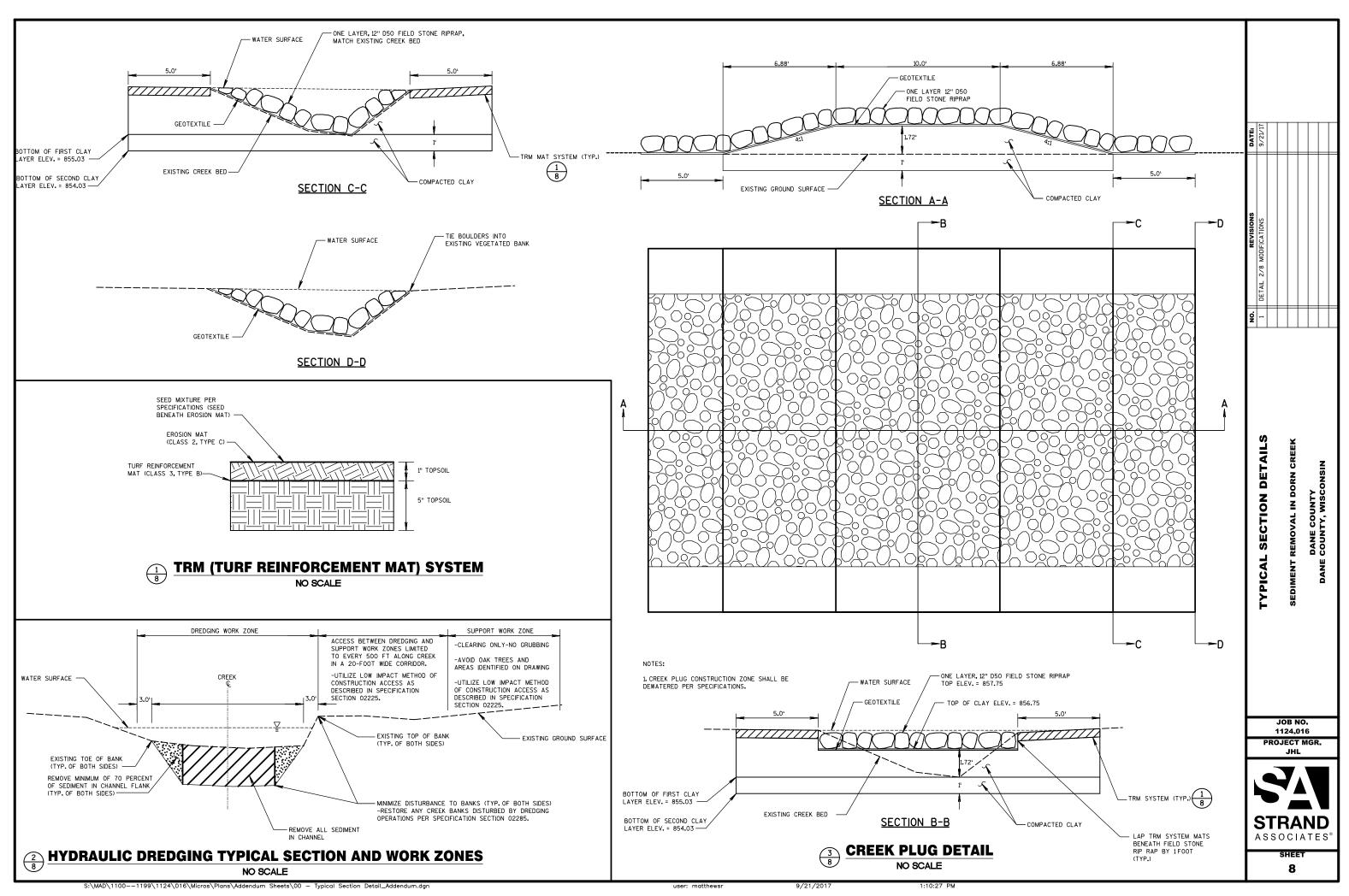
Enclosures: Drawings - Sheet 2 Drawings - Sheet 7 Drawings - Sheet 8 WDNR WPDES Informational Sheet



1:14:44 PM

9/21/201





Additive Review Worksheet

This worksheet summarizes the information to be submitted to the WDNR for review of additives. This information is required because additives are approved on a case-by-case basis.

The fields highlighted in blue are required for all additive reviews Parts D and E need to be completed **for each species** (e.g. Daphnia -water flea); Pimephales (fathead minnow), etc) for which a toxicity test is conducted. The fields highlighted in green are required for toxicity tests conducted when "Other" is selected for Test Method in Part D-1.

Some, but not all of the required information, may be available on the Material Safety Data Sheets (MSDS). If all of the needed information is not provided on the MSDS, It is recommended that you contact the chemical distributor and/or manufacturer to obtain the required information. You do not need to conduct the toxicity test if the toxicity information is available on the Material Safety Data Sheet or from the supplier/manufacturer. If the required toxicity data is not provided to the Department, the additive product may not be approved for use.

Note: Toxicity test results must address the *commercial product formulation*. The commercial product formulation is all active ingredients and any and all carriers, buffering agents, binding agents, and additional materials – the entire product as used. Information related to active ingredient alone is not sufficient.

For more information on the additive review process, see the "<u>Water Quality Review</u> <u>Procedures for Additives</u>" guidance document.

A. General Production Information

Date of Request:	
Permittee Facility Name:	
Product Trade Name:	
Product Manufacturer:	

Active Ingredients:

0	Ingredien	nt Name*	CAS Number**	%wt or % vo	I
	sk				
* Must be provided unless noted to be proprietary information ** If available					
Is this product replacing another additive		□Yes		No	
	(if yes, include product name)?		Current Product Name:		
B. Dosage or Application Information					
Purpose of a					
Proposed do	osage rate:				lbs/day mg/L
Estimated maximum discharge concentration:				lbs/day mg/L	
C. Toxicity Test Results					
Test Sp	Decles	Toxicity Val	ue Type Toxicity V	alue l'oxicit	y Value Units

Print one copy of this page for each species that has been tested.

D. Toxicity Test Parameters

1. Parameters needed for ALL reviews

Image: Daphnia species (specify: Im	Test species:	Ceriodaphnia species (specify:)	
 Lepomis macrochirus (bluegill) Oncorhynchus mykiss (rainbow trout) 		Daphnia species (specify:		
 Lepomis macrochirus (bluegill) Oncorhynchus mykiss (rainbow trout) 		Pimephales promelas (fathead minnow)		
		🗆 Lepomis macrochirus (bluegill)		
		Oncorhynchus mykiss (rainbow trout)		
□ Salvelinus fontalis (brook trout)		Salvelinus fontalis (brook trout)		
□ WI certified WET testing lab/method		□ WI certified WET testing lab/method		
\Box EPA method (select from those listed below)		\Box EPA method (select from those listed below)		
□ Acute-2002.0 □ Chronic-1000.0		□ Acute-2002.0 □ Chronic-1000.0		
Test method: □ Acute-2021.0 □ Chronic-1001.0	Test method:	□ Acute-2021.0 □ Chronic-1001.0		
□ Acute-2000.0 □ Chronic-1002.0		□ Acute-2000.0 □ Chronic-1002.0		
□ Acute-2019.0 □ Chronic-1003.0		□ Acute-2019.0 □ Chronic-1003.0		
Other (additional information needed; see part D2)		Other (additional information needed; see part D2)		
Test type: Static non-renewal Static-renewal Flow-through	Test type:	🗆 Static non-renewal 🛛 Static-renewal 🗌] Flow-through	
Control reconnect: $\Box \ge 90\%$ survival	Control response:	□ ≥ 90% survival		
Other (Note: if this is selected, this data cannot be used)		Other (Note: if this is selected, this data canno	ot be used)	

2. Parameters needed when using "other" test methods

	□ Moderately hard synthetic water
	□Synthetic water
Dilution water:	□ Receiving water
	□Ground water
	□Other (Specify:)
Number of test concentrations:	
Dilution series:	
	□рН
Water chemistry analyses	Conductivity
(check all that apply):	□ Hardness
	Alkalinity
	□ 12±1 °C
Townsortium	□ 20±1 °C
Temperature:	□ 25±1 °C
	□ Other (Specify:)
Number of organisms per test chamber:	
Number of replicate chambers per concentration:	
Number of organisms per concentration:	
Method for calculating the response endpoint:	