Bid Solicitation # 24DPP00928

T2549 Subsurface Remedial
Action Services, NJDEP

Appendix A
PROJECT HISTORY FORMS

As specified by Bid Solicitation Section 3.26, the Bidder should submit Project History Forms documenting the Bidder's past experience on similar Contracts. The Bidder should provide eight (8) project histories documenting relevant experience for the following project types:

a. Three (3) subslab depressurization system projects, including:
    1. One (1) project involving a single family dwelling;
    2. One (1) project involving a single commercial building; and
    3. One (1) project involving multiple structures that are impacted by the same contamination source.
b. One (1) point of entry treatment system project;
c. Two (2) soil vapor extraction system projects, including:
    1. One (1) with sparging; and
    2. One (1) without sparging.
d. One (1) ground water treatment system project; and
e. One (1) treatment system relevant to the services encompassed by this Bid Solicitation and which is selected by the Bidder to highlight the Bidder's unique capability to perform the work of this Contract.

Refer to Bid Solicitation Section 3.26 for additional instructions.

Appendix A - Project History #1

Project Type: Subslab Depressurization System in Single Family Dwelling

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #2

Project Type: Subslab Depressurization System in Single Commercial Building

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #3

Project Type: Subslab Depressurization System in Multiple Structures

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #4

Project Type: Point of Entry Treatment System

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #5

Project Type: Soil Vapor Extraction without Sparging

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #6

Project Type: Soil Vapor Extraction with Sparging

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #7

Project Type: Ground Water Treatment System

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation:

Appendix A - Project History #8

Project Type: Treatment System of Choice Highlighting Bidder Capabilities

Bidder Name: _____

Client Contact Information

Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

1st Client Contact Name: _____

Phone Number: _____

Email Address: _____

2st Client Contact Name: _____

Phone Number: _____

Email Address: _____

Site/Project Information

Site/Project Name: _____

Street Address: _____

Municipality: _____ (*Township, Borough or City*)

County: _____ Zip Code: _____

Project Start Date: _____ Project Completion Date: _____

Describe Major System Components and Capacities:

Describe Services Relevant to Bid Solicitation: