SAN ANTONIO WATER SYSTEM
PRE-CONSTRUCTION MINUTES

JOB #: ____________________

TITLE: __________________________________________________________

DATE: ____________________ TIME: __________________

PROJECT ENGINEER: ________________________________________________
Phone: ___________________ FAX: _______________

DESIGNER / CONSULTANT: __________________________________________
Phone: ___________________ FAX: _______________

INSPECTOR: __________________ Phone: 704-7110
FAX: 704-7199

AWARD DATE: ________________

BASIC BID AWARD AMOUNT: $ ________________

ADDENDUMS:

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<th>Addendum</th>
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CONTRACTOR: _________________________________________________________

Office Information: Address ____________________________________________

Phone: ___________________ FAX: ___________________

Job Site Information: Address __________________________________________

Phone: ___________________ FAX: ___________________

Contractor Project Manager: ___________________________________________

Phone: ___________________ Pager: ___________________

Local Emergency Contact Number (24 hours a day): _______________________
SUB CONTRACTORS:

#1: ______________________________________________________________
Type of Work: ______________________________________________________________
Office Information: Address __________________________________
__________________________________
__________________________________
Phone: _(_______)_______-______________
FAX: _(_______)_______-______________

#2: ______________________________________________________________
Type of Work: ______________________________________________________________
Office Information: Address __________________________________
__________________________________
__________________________________
Phone: _(_______)_______-______________
FAX: _(_______)_______-______________

#3: ______________________________________________________________
Type of Work: ______________________________________________________________
Office Information: Address __________________________________
__________________________________
__________________________________
Phone: _(_______)_______-______________
FAX: _(_______)_______-______________

Bonding Company: See Contract Administration for Name / Address.

Insurance Company: See Contract Administration for Name / Address.
CONTRACT DETAILS:

1. Estimated Start Date: ___________________ Contract Duration: _______________
2. Notice To Proceed: Anticipate issuing NTP on ______________.
3. Estimated Completion Date: ________________.
4. Retainage: Contract specifies ________ % retainage.
5. Progress Schedule due to Inspections by: ________________________________.
6. Schedule of Values due to Inspections by: ____________________________________.
7. Submittals Requirements: All submittals must be in by ________________.
   a. Shop Drawings
   b. Submittals
   c. Samples / Manufacturer’s Information
   d. O&M Manuals
   e. Project Specific Safety Plan
   f. QC / QA Plan
8. Permits required (circle as needed): Street cut Building Electrical ______
   TNRCC COE TxDOT SARA Bexar County
9. New permanent utility easements required: YES NO
   If yes, where and status of documentation: ____________________________________
10. Temporary construction easements required: YES NO
    If yes, where and status of documentation: ________________________________
11. Phasing: This project DOES / DOES NOT requires phasing
    If yes, plan due to Inspections by: ________________.
12. Safety Program: See pamphlet for requirements, submit to Inspections.
    a. On-site Competent Person: ________________________________
    b. Alternate: ________________________________
    c. Project Specific Safety Plan due by: ________________________________
    d. SAWS Safety Representative: ________________________________
    a. On-site Responsible Person: ________________________________
    b. Alternate: ________________________________
    c. Due to Inspections by: ________________________________
15. Stormwater protection plan / requirements: ________________________________
16. Construction Trailer: YES / NO Location: ________________________________
17. Project sign locations (one at each end of project).

18. Site Security: Contractor to provide own security. SAWS not responsible.

19. Utilities:
   a. Water not billable, but must get backflow devices / meters from Meter Shop.
   b. Electrical, phone, etc. at Contractor’s expense.

20. Sanitary facilities are not available at the construction site. Temporary sanitary facilities to be provided by Contractor at no extra cost to SAWS.

21. Hazardous material: This project DOES / DOES NOT work with hazardous materials or processes. Contractor personnel must be fully qualified prior to work.

22. Inspection procedures:
   a. Compaction Testing by: ______________________________________
   b. Concrete Testing: ______________________________________
   c. Utility Acceptance by: ______________________________________
   d. Painting by: ______________________________________
   e. Electrical by: ______________________________________
   f. Other tests not specifically noted in contract but requested by SAWS Inspections are to be paid by the contractor, then invoiced plus 10%.

23. Utility Outages:
   a. Any work affecting existing SAWS production and / or treatment facilities shall be coordinated with the Inspector and the facility manager.
   b. Contractor to notify all residents, businesses, etc. minimum 24 hours prior to shutoff.

24. Traffic Control special requirements:
   ______________________________________
   ______________________________________
   ______________________________________

25. Utility special requirements:
   CPS (Elect / gas): ______________________________________
   SW Bell (Phone): ______________________________________
   Timer Warner (Cable TV): ______________________________________
   Other: ______________________________________
   Other: ______________________________________

26. Payment Requests and Material Stored On-site: Submit by 30th of each month:
   a. Monthly invoices to be submitted in accordance with examples in Construction Phase Procedures Guidance.
   b. Submit draft “scratch sheet” to Contract Administration for review and approval within 2 weeks of NTP.
   c. Prepare 6 sets of monthly invoices.
   d. Obtain signature(s) of contractor and consultant (as appropriate) before sending to SAWS Construction Inspection.
e. Payment within _____ days of receipt at Construction Inspection.

f. Requests for payment of material stored on site must be signed by both contractor and SAWS Inspector. Note: Material not stored immediately at the site can not be accepted for invoicing.

27. Wage rates and payroll due to Construction Administration within 7 days of invoices.

28. Utility marking / staking, contact: ______________________________________________________

29. Change Orders to be submitted to Construction Inspection in accordance with Construction Phase Procedures Guidance.

30. Job site Cleanup: Must be performed routinely. Area to be clean before each weekend. All unneeded signs and barricades to be removed to prevent distractions.

31. Chlorination: Expect up to 2-week wait for SAWS Chlorination crew when scheduling project and requesting service. TNRCC limit for use of HTH is 800 LF.

32. Any damages to customers’ property will be at the contractor’s expense and must be repaired to the Inspector’s direction.

33. Final Inspection: A combined “punch-list” will be developed at final inspection.

34. All salvaged material shall be returned to _____________________________________________.

35. Start-up and manufacturer’s field services required?  YES / NO

   Manufacturer / Supplier: ____________________________________________________________
   __________________________________________________________

36. Training of SAWS personnel required?  YES / NO

   For: ___________________________________________________________________________
   __________________________________________________________________________

37. Warranty Period: ________ years from final acceptance date.

38. Other Items as discussed:

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