

NEVADA IRRIGATION DISTRICT

NOTICE TO PLANHOLDERS

NID Hydro Field Office Renovation

PROJECT NO. C0011

ADDENDUM NO. 1

Notice is hereby given to prospective quoters that the Plans and Specifications for the **NID Hydro Field Office Renovation**, Project No. C0011 have been modified as hereinafter set forth. This Addendum No. 1 shall form a part of the Contract Documents and takes precedence over the original Contract Documents.

Item 1	Q: The specifications indicate that the contractor is required to perform 50% of the project with their own forces. Is this a true requirement? It is difficult to achieve on building projects/tenant improvements due to the diverse nature of the work. A: Condition listed under “INSTRUCTIONS TO QUOTERS” on page seven of the contract will be adjusted so that the contractor shall perform no less than 25% of the work with its own organization and employees.
Item 2	Q: Does this project require a longer than 1 year warranty? A: No, the warranty on construction is still 1 year. All manufacturing related warranties on items such as HVAC, electrical, and plumbing shall be passed on to NID after project completion.
Item 3	Q: Plans note to patch & repair stucco. Please confirm this scope intent? Are we to demo and replace all the stucco areas? If just repair how much are we to assume? A: Stucco repair and patching is for damaged stucco during installation of new windows, doors, etc. Repair of exterior stucco was recently completed.
Item 4	Q: Please confirm there is no scope with the fire alarm panel? A: Fire alarm panel work shall implement the deficiencies identified in the attached 2023 inspection report for purposes of the bid. A new inspection will be arranged, and any additional work items will be negotiated with the winning quoter.

Item 5	Q: Are there any specifications? A: Technical specs are included as sheet specs on the drawings.
Item 6	Q: You are requiring the submission of manufacturer & supplier on one of the bid forms. Most of this information will not be obtained until after the bid date. (1) May the manufacturer and supplier information be provided by the successful low bidder after bid submission? (2) If the information is required to be submitted with the bid, will the contractor be permitted to revise or update the manufacturer and supplier information after award? A: Contractors can provide a tentative list of suppliers/manufacturers at the time of bid submittal but can continue to negotiate until project is awarded, as approved by the District.
Item 7	Q: On the Equipment/Material Info form you note Prefabricated steel stairs. But on S-212 it notes it is by others. Please confirm if this is by the contractor or if the owner is supplying this? A: Prefabricated stairs are not within the scope of the project
Item 8	Q: Is NID hiring and paying for all special inspections per Appendix C? A: Per RFQ section 10-2.02: NID shall pay for the initial building inspections. The Contractor shall be responsible for payment of all building reinspection fees for this project. Inspections are to be scheduled for Tuesdays and Thursdays. All Specialty Inspections per Appendix C must be provided by the Quoter and included in the bid.

Item 9	Q: Please clarify the following scheduled items, as the bid documents do not include sufficient plans, specifications, or notes to define the required scope: (1) Traffic Control/Construction Signage: Clarify required scope; no street work or related drawing notes are provided. (2) Survey: Clarify required survey scope; no applicable specifications or drawing notes are provided. (3) Office Furniture: Provide specifications or drawings identifying required furniture. (4) Window Treatments: Provide specifications or drawings identifying required window treatments. A: (1) Traffic Control/Construction Signage: Not Applicable (2) Survey: All necessary survey work for construction purposes has been completed prior to construction. (3) Office Furniture: Furniture is excluded from the bid. (4) Window Treatments: Window treatment is excluded from the bid. .
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Rocklin
4000 Alvis Court Rocklin, CA 95677
(916) 663-3582

C10 #783132

SYSTEM RECORD OF INSPECTION AND TESTING

*This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 05/19/23 Inspection/Test Completion Date/Time: 05/22/23 01:47:18 PM
Supplemental Form(s) Attached: Yes (yes/no)

1. PROPERTY INFORMATION

Name of Property: 148 & 152 Whitcomb Ave
Address: 148 & 152 Whitcomb Ave, Colfax, CA 95713 Colfax, CA 95713
Description of Property: 148 & 152 Whitcomb Ave
Name of Property Representative: Nathan Droivold
Address: _____
Phone: _____ Fax: _____ Email: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: Foothill Fire Protection, Inc.
Address: 4000 Alvis Court | Rocklin, CA 95677
Phone: (916) 663-3582 Fax: _____ Email: _____
Monitoring Organization: _____
Address: _____
Phone: (916) 663-3582 Fax: _____ Email: _____
Account Number: _____ Phone Line 1: N/A Phone Line 2: N/A
Means of Transmission: _____
Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: N/A

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: FireLite Model Number: MS-5024UD

4.2 Software and Firmware

Firmware revision number: N/A

4.3 System power

4.3.1 Primary (Main) Power

Nominal Voltage: FireLite Amps: 3 Location: FACP
Overcurrent protection type: Breaker Amps: 20 Disconnecting means location: Panel L-1 Breaker 42

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Battery Location: FACP

Battery type (if applicable): Sealed Lead Acid
 Capacity of Batteries to Drive the System _____
 In standby mode (hours): 24 In alarm mode (minutes): 5

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring Organization	Contact: <u>N/A</u>	Time: _____
Building Management	Contact: <u>Yes</u>	Time: <u>09:00:00</u>
Building Occupants	Contact: <u>N/A</u>	Time: _____
Authority Having Jurisdiction	Contact: <u>N/A</u>	Time: _____
Other	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control Unit	PASS	PASS	
Lamps/LEDs/LCDs	PASS	PASS	
Fuses	NA	NA	
Trouble Signals	PASS	PASS	
Disconnect Switches	NA	NA	
Ground-Fault Monitoring	PASS	PASS	
Supervision	PASS	PASS	
Local Annunciator	PASS	PASS	
Remote Annunciators	NA	NA	
Remote Power Panels	NA	NA	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery Condition	PASS	PASS	Batteries: 02/20 12V8Ah #1 12.14V6.8Ah #2 12.23V7.0Ah
Load Voltage	PASS	PASS	
Discharge Test	PASS	PASS	
Charger Test	PASS	PASS	
Remote Panel Batteries	PASS	PASS	

6. TESTING RESULTS (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification devices.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.
Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Results	Time	Comments
Alarm Signal			
Alarm Restoration			
Trouble Signal			
Trouble Restoration			
Supervisory Signal			
Supervisory Restoration			

6.7 Public Emergency Alarm Reporting System

Description	Results	Time	Comments
Alarm Signal			
Alarm Restoration			

Trouble Signal			
Trouble Restoration			
Supervisory Signal			
Supervisory Restoration			

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring Organization	Contact: <u>N/A</u>	Time: _____
Building Management	Contact: <u>Yes</u>	Time: <u>11:00:00</u>
Building Occupants	Contact: <u>N/A</u>	Time: _____
Authority Having Jurisdiction	Contact: <u>No</u>	Time: _____
Other	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: Ian B Printed Name: Ian Bloomster Date: 05/19/23

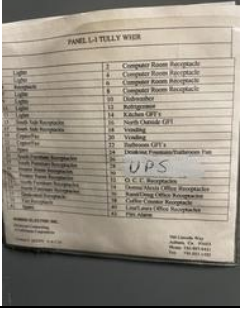
Organization: Foothill Fire Protection, Inc. Title: Inspector Phone: _____

Qualifications (refer to 10.5.3): 783132

10. DEFECTS OR MALFUCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

DEFICIENCIES AND COMMENTS				
Severity	Device	Location	Description of the issue	Take a picture of the issue
Deficient	FACP	FACP Closet	Suite 148 S.E. Exit MPS has a broken cover. Replacement will be required. Part number BG-12	

				
Deficient	FACP	FACP Closet	Suite 148 N.E. Warehouse Exit MPS. Comes in as a supervisory. Will need to be reprogrammed.	

Deficient	FACP	FACP Closet	Restroom Strobes do not function when tested. Six restrooms in total. Further investigation required to correct.	 
Deficient	FACP	FACP Closet	Breaker requires a red Fire Alarm Lock.	  
Inoperable	FACP	FACP Closet	Fire Alarm is currently not being monitored. Monitoring service will need to be activated. Informed Nathan Droivold that 24 hour fire watch was recommended until monitoring has been resumed.	

Deficient	FACP	FACP Closet	OS&Y Tamperers do not send signal when tested.	
Deficient	MPS	Suite 148 S.E. Warehouse Exit	See Deficiencies	
Deficient	MPS	Suite 148 N.E. Warehouse Exit	See Deficiencies	
Deficient	Tamper	OS&Y	See Deficiencies	
Deficient	Tamper	OS&Y	See Deficiencies	

Inoperable	Dact	FACP	See Deficiencies	
Deficient	Horn/Strobes	Throughout Facility	See Deficiencies	

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed Name: _____ Date: _____
Organization: Nevada Irrigation District Title: _____ Phone: _____



Rocklin
4000 Alvis Court Rocklin, CA 95677
(916) 663-3582
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INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

*This form is a supplement to the System Record of Inspection and Testing. It includes an initiating device test record.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test. It shall be permitted to modify this form
as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: 05/19/23 Inspection/Test Completion Date/Time: 05/19/23
Supplemental Form(s) Attached: Yes (yes/no)

1. PROPERTY INFORMATION

Name of Property: 148 & 152 Whitcomb Ave
Address: 148 & 152 Whitcomb Ave, Colfax, CA 95713 Colfax, CA 95713

2. INITIATING DEVICE RESULTS

Device Type	Address	Location	Visual	Functional
MPS	Z1	Suite 148 Main Entrance	PASS	PASS
MPS	Z1	Suite 148 Break Room	PASS	PASS
MPS	Z1	Suite 148 S.E. Exit	PASS	PASS
MPS	Z1	Suite 148 S.E. Warehouse Exit	FAIL	FAIL
MPS	Z1	Suite 148 N.E. Warehouse Exit	PASS	FAIL
MPS	Z1	Suite 152 Center Restrooms of Warehouse	PASS	PASS
MPS	Z1	Suite 152 N.W. Warehouse Exit (Next to Anti-Freeze Loop)	PASS	PASS
MPS	Z1	Suite 152 S.W. Warehouse Exit (Next to Dock and ITV)	PASS	PASS
MPS	Z1	Suite 152 Kitchen	PASS	PASS
MPS	Z1	Suite 152 Main Entrance	PASS	PASS
MPS	Z1	Suite 152 N. Exit	PASS	PASS
Duct Detector	Z2	Suite 152 Warehouse Duct	PASS	N/A
Duct Detectors	Z2	Suite 152 Warehouse Duct	PASS	N/A
Duct Detector	Z2	Suite 152 Warehouse Duct	PASS	N/A
Duct Detector	Z2	Suite 152 Warehouse Duct	PASS	N/A
Duct Detector	Z2	Suite 152 Warehouse Duct	PASS	N/A
Tamper	Z3	OS&Y	PASS	FAIL
Tamper	Z3	OS&Y	PASS	FAIL
Waterflow	Z4	At Riser	PASS	PASS
Smoke	Z5	Above FACP	PASS	PASS
Dact	Phone Lines	FACP	FAIL	FAIL
Horn/Strobes	NAC	Throughout Facility	FAIL	FAIL

