

The below unit prices shall include all labor, materials, overhead, profit, insurance, etc., to cover the finished work of the several kinds specified, and the Bidder agrees to perform all of the work described in the Specifications and/or shown on the Plans for the following unit prices:

**Division 1: Ranney Well Pump Rehabilitation**

ITEM NO.	DESCRIPTION	UNIT	QTY	UNIT COST	TOTAL
#1	Pump and Motor Rehabilitation	LSUM	1	\$ _____	\$ _____
#2	Column	FT	50	\$ _____	\$ _____
#3	Column Couplings	EACH	5	\$ _____	\$ _____
#4	Shafting	FT	50	\$ _____	\$ _____
#5	Shaft Couplings	EACH	5	\$ _____	\$ _____
#6	Gate Valve	EACH	1	\$ _____	\$ _____
#7	1-3/16 Rod Replacement	EACH	1	\$ _____	\$ _____
#8	Crew (2 Man)				
	Labor/Hour	HR	1	\$ _____	\$ _____

**Division 2: Ranney Collector Well Rehabilitation** LSUM \$ \_\_\_\_\_

**TOTAL BID (Divisions 1 and 2)** \$ \_\_\_\_\_  
 =====  
**(figures)**

(written) \_\_\_\_\_ and \_\_\_\_/100 Dollars.

- A. Hourly rate for more or less of specified hours of testing \$ \_\_\_\_\_ dollars per hour, which will be added or deducted from contract.
- B. Hourly rate for crew for any additional work not covered by contract \$ \_\_\_\_\_ dollars per hour.

RESPECTFULLY SUBMITTED,

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE/TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print or Type Name and Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print or Type Name and Title \_\_\_\_\_