

## City of Port St. Lucie Utility Systems Department Warehouse Special Request Form



ORT		War chouse by	seciai recda	CSC I VI III	
To: Utility	Warehouse		(/	W/O#:	
From: Todd	Todd Leyland Department Head or Supervisor				
*****	(print name				
Date: <u>05/23</u>	/2024	Cost	t Center Charge	d: <u>448-3</u>	<u>512-56300</u>
********	******	*******	*******	********	******
Please be advise			of the	Wastewater	Division is
				e non-stock items, pleas	
		<del>-</del>		otations and specify rea	
				mpliance with FDEP	
				ructed in 2005) and re	
		ed in 2010) is needed (	to produce recla	imed water for seven	contracted offsite
receiving custo	omers.				
	•	ddress, Phone & Fax #	):		286
PARKSON CO					
1401 West Cyr				<b>""</b>	202 1555
Fort Lauderdal					383-1757
		les Manager - Email:	3		
DOES VENDO	R TAKE VI	SA Yes No X	]	Contract:	
Part/Catalog #	Quantity	Description	Unit Price	Account Code	Account Balance
ITEM 3, 3.A	1	Parkson Certified On-Site Media Replacement (Bank One - 3 Cells) and Reconditioning Banks (2, 3 & 4 - 9 Cells) with Certified Technicians	\$689,000.00		•
ITEM 4	1	Forty-Eight (48) HDPE Airlifts	\$77,328.00		
		Total=	\$766,328.00		
NOTE: If costs of explain why:  Sole Source		,000 or over, then pleas	e attach 3 quotes.	If not possible to obtain	in 3 quotes, then
Yes No 2	If not, then		em(s) above appro	oved in your capital bud	get for this fiscal year?