

**Solicitation No. 0250000338**

**ADDENDUM – 1**

**Issued June 4, 2020**

**Ardmore Readiness Center Complete Landscaping**

**Solicitation Cover Page and Solicitation Request: Response/bid due date extended:**

**Sealed bids must be received in the Oklahoma Military Contracting and Procurement Office no later than 3:00 PM CST/CDT on June 30, 2020.**

**Statement of Work (SOW):**

**2.0 Definitions**

2.6 Improved grounds: Approximately ~~3.45~~ **✓ 14.42 ✓** acres; the higher profile areas of the property as designated on attached map.

2.6.1 Semi-improved grounds: Approximately ~~1.76~~ **✓ 20.72 ✓** acres; the remainder of the property as designated on attached map.

**4.0 Work Requirements:**

**4.2 Lawn Maintenance:**

**✓ 4.2.19 Irrigation system will be maintained by OMD. Contractor will be responsible for repairs if damaged by Contractor. ✓**

**4.7.4 The Bidder shall submit a copy ~~with their bid~~ of current Pesticide Application License in the Ornamental and Turf Category Issued by the State of Oklahoma Department of Agriculture in the contractor's company and a copy ~~with their bid~~ of the license of each individual Certified Pesticide Applicator or Service Technician who will service this contract **✓ prior to award of contract ✓**. All licenses must be current at the time of bid **✓ award ✓** ~~submittal or the bid will be deemed non-responsive and ineligible for award~~. The contractor shall provide OMD a current copy of each license annually.**

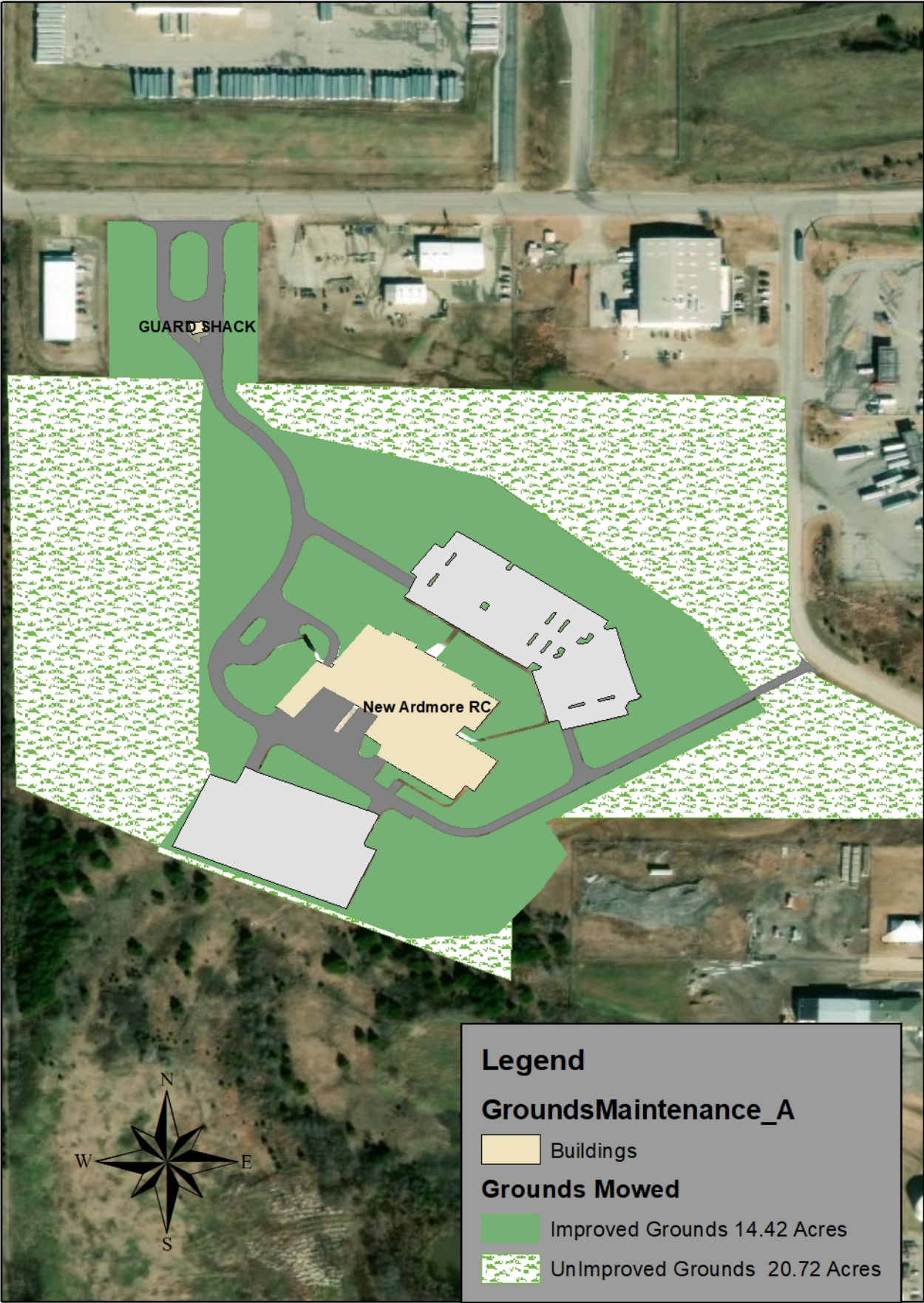
**4.7.4.1 ...~~Copy of each individual license must be submitted with your bid~~ **✓ received by OMD prior to award of contract✓**. ...**

**Pest Management Report (DD Form 1532) attached.**

**All questions must be emailed to the below:**

Ng.ok.okarnng.list.omd-state-solicitation@mail.mil

# Improved vs. UnImproved Mowing Area



<b>PEST MANAGEMENT REPORT</b>										C.D. CODE 1   2		UIC 3   4		5	6	7	8	9	10	11	12	Form Approved OMB No. 0704-0188	
<small>The public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.</small>																				<b>REPORT CONTROL SYMBOL</b>			
<b>1. MAJOR OR REVIEWING COMMAND</b>										<b>2. REPORTING INSTALLATION</b>													
a. NAME					b. ADDRESS					a. NAME					b. ADDRESS								

NO.	TARGET PEST	OPERATION				PESTICIDE								TIME
	Name	Name	Total Units Treated	Unit	Site	Name	Form	APPLICATION		Final Conc. %	RATE (Per Area Unit)		SUPPLY SOURCE	Hours
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	Amount	Unit	(j)	Lbs.	%	Enter S,N,G,C	(n)
	13 - 15	17 - 19	20 - 24	25 - 27	28 - 30	31 - 33	34 - 36	37 - 41	42 - 43	44 - 49	50 - 55	56 - 58	68	69 - 71
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NO.	TARGET PEST	OPERATION				PESTICIDE								TIME
	Name	Name	Total Units Treated	Unit	Site	Name	Form	APPLICATION		Final Conc. %	RATE (Per Area Unit)		SUPPLY SOURCE	Hours
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	Amount	Unit	(j)	Lbs.	%	Enter S,N,G,C	(n)
	13 - 15	17 - 19	20 - 24	25 - 27	28 - 30	31 - 33	34 - 36	37 - 41	42 - 43	44 - 49	50 - 55	56 - 58	(m) 68	69 - 71
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3. REMARKS

INSTRUCTIONS FOR USE

1. Detailed instructions of the implementing department directive shall be used in the preparation of this report.

2. Military installations shall prepare this report by the 15th day after the end of each month. The report shall be prepared and signed by the DOD certified pest management supervisor, applicator or inspector and by the installation engineer.

3. Three copies shall be signed and distributed as follows:

a. Copy No. 1. To the appropriate pest management professional in accordance with implementing department directives for technical review.

b. Copy No. 2. Record to the installation surgeon.

c. Copy No. 3. Record copy to the installations engineer for two year retention in accordance with Public Law 92-516.

4. INSTALLATION ENGINEER (Reviewing Officer)			5. INSTALLATION CERTIFIED PEST MANAGEMENT SUPERVISOR, APPLICATOR, OR INSPECTOR		
a. TYPED NAME	b. SIGNATURE	c. DATE (YYYYMMDD)	a. TYPED NAME	b. SIGNATURE	c. DATE (YYYYMMDD)

j	Final Conc. %	Contains the <u>final concentration</u> percent of the pesticide used in the control operation.
k and l	Rate lb. and %	Used together, columns (k) and (l) reflect the <u>rate of application</u> per unit of the pesticide. The data in columns (k) and (l), reflect either (a) the pesticide concentration per unit area or (b) the actual pounds of active ingredient, i.e., rate, per unit area.
m	Supply Source	Contains the most appropriate report term for the location from where the pesticide was obtained. Values include S, N, G, or C.
n	Time	Contains the number of hours devoted to all aspects of the pest control operation.

**Table A-1 Description of Fields on DD Form 1532**

Column	Field Name	Description
a	Name	Contains the most appropriate report term for the pest being controlled. Examples of report term values are FILTHFLIES, ANTS, FLEAS, SPIDERS, JPBEETLES, FOODPESTS, OWL, OTP, BDLVDWEEDS, BRUSH, TURF, OPD, etc.
b	Operation Name	Contains the most appropriate term for the pest control operation; operation names are paired with area units from column (d). Examples of report term values are FOGGING, MISTING, DGHAND, DGPEG, SOILFUM, BARRIER, EXBAIT, INBAIT, etc.
c	Total Units Treated	Contains the area, volume, or individual item treated. The numerical value must be reported as a whole number. Fractions of a unit (i.e., 1/8 acre) are combined with subsequent treatments.
d	Area Unit	Contains the area, volume, of individual item unit associated with the total units treated, column (c). Values include AC, EA, MSF, MLF, CF, CY, MCY, MLF, and MBF.
e	Site	Contains the most appropriate report term for the site where the control operation occurred. Examples of report term values include EXC, OFF, RES, IMP, TRE, WAW, UTL, GRH, KEN, GRG, REC, OPB, CRP, and GRZ.
f	Name	Contains the most appropriate report term for the applied pesticide. If two or more pesticides are simultaneously applied, you must report them as separate entries. This column remains blank for control operations that do not involve pesticides. Examples of report term values are ROUNDUP, DUSWETSULF, PYRETHRUM, KELTHANE, DURSBAN, ETHOPROP, CARBARYL, FICAM, DIAZINON, GLUE, ZNPH, HCN, VAPAM, CAPTAN, DACONIL, etc.
g	Form	Contains the formulation if the pest controller used a pesticide used in the operation
h	Application Amount	Contains the amount (a whole number) of the pesticide applied in the finished or diluted form. This column is left blank for control operations that do not involve pesticides.
i	Application Unit	Contains the unit associated with the application amount from column (h). PDW is pounds, ZGL is gallons, FLO and FLOZ are fluid ounces.
j	Final Conc. %	Contains the <u>final concentration</u> percent of the pesticide used in the control operation.
k and l	Rate lb. and %	Used together, columns (k) and (l) reflect the <u>rate of application</u> per unit of the pesticide. The data in columns (k) and (l), reflect either (a) the pesticide concentration per unit area or (b) the actual pounds of active ingredient, i.e., rate, per unit area.
m	Supply Source	Contains the most appropriate report term for the location from where the pesticide was obtained. Values include S, N, G, or C.
n	Time	Contains the number of hours devoted to all aspects of the pest control operation.

BUILDING/AREA					SIZE	TYPE OF CONSTRUCTION	USE DESIGNATION				
Date	Units Serviced	Work Origin	Unit of Measure	Target Pest	Control Operation	If Pesticide is Used				Labor Time	Appl- cator Initials
						Name	EPA Reg	% Conc	Amount		

Form Approved. OMB No. 0704-0188

REPORT CONTROL SYMBOL:

PEST MANAGEMENT MAINTENANCE RECORD

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

MEASUREMENT UNITS

MSF = 1,000 square feet

MCF = 1,000 cubic feet

LFF = Linear feet

AC = Acres

ORIGIN OF WORK

SW = Scheduled work

WR = Work request

SC = Service or trouble call

R = Routine inspection

TYPE OF CONSTRUCTION

CO = Concrete

BL = Block

BV = Brick veneer

ST = Steel, sheet metal

WO = Wood

OT = Other

Date	Units Served	Work Origin	Unit of Measure	Target Pest	Control Operation	If Pesticide is Used				Labor Time	Appli- cator Initials
						Name	EPA Reg	% Conc	Amount		

REMARKS