

DATE: September 11, 2024

TO: All Bidders

FROM: Town Clerk

RE: **RPF 2024-01 Water Treatment Plant Operation, Maintenance, Service, and Repairs**

This addendum is being issued to provide all prospective bidders with information on questions and clarifications made to the RFP. The subject RFP is hereby amended per this Addendum Number 1. It is the bidder's responsibility to become familiar with and fully informed regarding the terms, conditions and specifications of this RFP. Lacking understanding or misinterpretation of any portion of the RFP shall not be cause for withdrawal of your proposal after opening or the basis for a protest of an award to the successful bidder.

Question 1 - May I obtain specification for the total days / hours required for visitation to the plants?

Response: Each plant is a Category 5, Class C water treatment plant. Accordingly, the lead or chief operator must be Class C. Proof of staffing by a Class C or higher operator for 5 days/week and 1 visit on each weekend, for a total of 0.6 hours/week, is required.

Question 2 - Does the Town have a commercial lab preference?

Response: No

Question 3 - How many Bac-T samples are required per month?

Response: This facility is a Community Water System as defined in F.A.C. Rule 62-550.200(17) and is required to comply with the applicable chemical, radiological, lead and copper, and bacteriological monitoring requirements of F.A.C. Rule 62-550. Review the rule to determine the sampling requirements.

Question 4 - Does the Town mail the Consumer Confidence Reports to the customers?

Response: Yes. The CCR reports are also available online via the Town of Pierson's website, and hard copies are made available to customers in the Town Center.

Question 5 - Can I get a copy of the most recent Sanitary Survey?

Response: Yes, a copy of the most recent survey is attached as Exhibit A.

Question 6 - What is the sampling plan for the new wells?

Response: See the response to question 3.

Question 7- What is the staffing requirement?

Response: See the response to question 1.

Question 8 - Is there a totalizer flow meter for the distribution system from the tower?

Response: Not to our knowledge.

Question 9- Can we have a map of the valve locations?

Response: No accurate map exists. Mapping is in progress and will be provided to the successful bidder once it is available.

Question 10 - Is there a call out system in place for both well houses?

Response: The new WTP has a call out system. The older plant also has a system, but connectivity issues exist.

Question 11 - Please explain how each well house is to function day to day for alternation of the wells?

Each well alternately serves as the Lead and Lag pump. The Lead will operate first and will shut off on high level. The lead and lag will rotate with each cycle.

Question 12 - Does the city handle tank inspections?

Response: Town of Pierson is responsible for the water tower tank inspections. This service is provided by a vendor.

Question 13: When was the last tank inspection?

Response: February 2024

Question 14 - Can you provide the current contract for the existing services?

Response: Yes, a copy of the most recent contract is attached as Exhibit B.

Question 15 - Will the contractor be providing chemicals (chlorine) per the contract or does the city handle the chlorine?

Response: This is handled by the Town as described in the RFP.

EXHIBIT A

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the Healthiest State in the Nation

July 10, 2023

Town of Pierson
Ms. Yvonne Braddock – Town Clerk
106 N. Center Street
Pierson, FL 32180

Sent via email to: yvonne@townofpierson.org

**RE: PWS # 3641324 – Town of Pierson Community Water System
Sanitary Survey Inspection Report**

Dear Ms. Braddock:

This will confirm my visit to the Town of Pierson on May 12, 2023 for the purpose of conducting a sanitary survey of this public water system. The completed survey report is enclosed for your reference and records.

9 deficiencies were noted and are listed on page seven of the enclosed sanitary survey report, along with the recommended corrective actions for each deficiency. A reference to the pertinent section of the Florida Administrative Code (FAC) is also provided.

You are required to correct the above deficiencies by no later than **August 31, 2023**. On or before this date, provide a *written response* to this Department stating that all deficiencies have been corrected, or listing the date of completion for any items still in progress. If any deficiencies need further explanation, please contact me immediately.

In conclusion, I would like to thank you and Pierson's Town Foreman, Mr. Longo for your cooperation during this survey. If you should have any questions regarding this correspondence, please feel free to contact me at (386) 457-6268 or by e-mail at Debra.Knight@flhealth.gov.

Sincerely,

Debra L. Knight, R.S.
Environmental Specialist II
Safe Drinking Water Program
Florida Department of Health Volusia County

Enclosures: Compliance Inspection Report
cc: Biometric Utilities, manager@biometricutility.com

Florida Department of Health in Volusia County

Environmental Health • Engineering
775 Harley Strickland Blvd • Orange City, FL 32763
PHONE: 386-457-6268 • FAX: 386-736-5433

FloridaHealth.gov

Accredited Health Department
Public Health Accreditation Board

State of Florida
Department of Health
Volusia County Health Department
SANITARY SURVEY REPORT

Plant Name: Town of Pierson County: Volusia PWS ID # 3641324
Plant Location: 100 E. Washington St., Pierson FL 32180 Phone: 386-749-2661
Owner Name: Town of Pierson Phone: 386-749-2661
Owner Address: 106 N. Center St., Pierson, FL 32180
Contact Person: Yvonne Braddock Title: Town Clerk Phone: 386-749-2661
This Survey Date: 5/12/23 Last Survey Date: 10/29/20

PWS TYPE & CLASS

☒ Community (5C)

PWS STATUS

☒ Approved system with approval number & date

WC 64 2068 03/86 & WC 64 1659 09/89

☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Municipality

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required

Operator(s) & Certification Class-Number

Carlos Tola A-0003758, Carlos Tola Jr C-0013475,

Jofre Miller C-0023360, Rafael Diaz C-0022226

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Required: 0.6 Hrs./Wk. Actual: 3 Hrs./Wk.

Required: 6 Days/Wk. Actual: 6 Days/Wk.

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☐ No ☒ Yes ☐ N/A

Number of Service Connections: 736

Population Served: 2657 (MOR)

Comments * Please update the population served.

Previous inspections have noted that the population is higher than the census count due to the presence of a migrant community in the town. The previous request for adjustment in population was granted by the Dept. on 10/12/15.

Increase in Population since last SS? 157

Average Day Demand: 150,640 gpd (5/22 – 04/23)

Max. Day Demand: ** 1,022,910 gpd (10/31/22)

Max-day Design Capacity: 624,900 gpd

% Utilized (Max Day/Design Cap.): 163.7%

Total System Storage: 252,483 gal.

% (Storage/Max Day Demand): 40.7 %

Comments: * Late reporting 2/23, Abnormally high and low values were observed on the 9/22, 10/22, 1/23, 3/23, 4/24 MORs with no explanation given. On many occasions, rejection of the submitted MOR and Department follow up was required to obtain accurate data with a revised MOR. ** 9/22 and 10/22 MORs had 10 daily readings that exceeded design capacity.

RAW WATER SOURCE

☒ Ground; Number of Wells: 2

☐ Surface/UDI; Source: _____

☐ Routine/Normally Open Interconnects

PWS ID # _____ Capacity: _____

Interconnect Locations: _____

PWS ID # _____ Capacity: _____

Interconnect Locations: _____

☐ Emergency Water Interconnects

PWS ID # _____ Capacity: _____

Interconnect Locations: _____

PWS ID # _____ Capacity: _____

Interconnect Locations: _____

Comments: No interconnects

AUXILIARY POWER SOURCE

☒ Yes ☐ None ☐ Not Required

Source: Kohler Generator

Capacity of Standby (kW) 60

Switchover: ☒ Automatic ☐ Manual

Standby Plan: ☒ Yes ☐ No

Hrs. Operated Under Load: 1 hr/wk.

What equipment does it operate?

☒ Well pumps: Both wells.

☐ High Service Pumps: N/A

☒ Treatment Equipment: Chlorination.

Satisfy Average day demand? ☒ Yes ☐ No ☐ Unk

Audio-visual alarm w/ auto-pager? Yes

(Note: req. for +150 services)

Comments: The Kohler onsite generator is not in service and is scheduled for replacement. A portable Cat generator has been placed onsite Auto alarm dials Mr. Tola, then the Town of Pierson. ~ 250-gallon fuel tank.

TREATMENT PROCESSES IN USE

Hypochlorination disinfection.

What additional treatment is needed?

None

For control of what deficiencies?

None

GROUND WATER SOURCE

Well Number		1 North (Out of Service at the time of inspection)	2 South	
Location of Well		North WTP	South WTP	
Well FLUID #		AAC3744	AAC3743	
Year Drilled		Unknown	Unknown	
Depth Drilled		200	200	
Drilling Method		Rotary	Rotary	
Length of casing (ft)		150	150	
Diameter of casing (in)		10	10	
Material (outside casing)		Steel	Steel	
Well Contamination History		None	None	
Is inundation of well possible?		No	No	
6' X 6' X 4" Concrete Pad		Yes	Yes	
SET BACKS	Septic Tanks (ft)	>200	>200	
	ReUse Water (ft)	None	None	
	WW Plumbing (ft)	110	140	
	Other Hazards (ft)	None	None	
PUMP	Type	Submersible	Submersible	
	Manufacturer	Unknown	Unknown	
	Model Number	Unknown	Unknown	
	Capacity (gpm)	217	280	
	Horsepower	20	20	
Well casing 12" above grade?		Yes	Yes	
Well Casing Sanitary Seal		Yes	Yes	
Raw Water Sampling Tap		Yes	Yes	
Above Ground Check Valve		No**	Yes	
Fence/Housing		Yes	Yes	
Well Vent		Yes	Yes	

COMMENTS:

Well #1 was not working at the time of inspection. ** Mr. Longo, the Pierson Town Foreman, stated that the check and gate valve at Well #1 were just replaced and a well clearance is in process. He stated that there had been a backup from Well #2 that entered Well #1 due to broken valves. It is unknown how long these conditions persisted. The department received 2 incident reports for Well #1 on 6/12/23. (1) The isolation valve for well #1 was replaced 5/19/23. (2) The well # 1 pump was found to burned up 5/24/23 and no clearances can be performed until repaired. It is unclear how much water went into the distribution system if some water was entering well #1 and many discrepancies have been noted on the MOR.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Liquid (hypochlorite)
Free or Total Residual? Free
Make: Stenner 85MHP17 Capacity 17 gpd
Feed Rate: 60%
Make: Stenner 45MHP10 Capacity 10 gpd
Feed Rate: 50%
Liquid chlorine supplied to 500-gallon tank.
Chlorine Supplier: Hawkins
Chlorine Amount Used: 12-15 gpd
Chlorine Strength Used: 10.5%
Chlorine Residuals: Plant 2.16 ppm
Remote: 0.25 ppm
Remote tap location: 980 County Road 3
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to hydropneumatic tank.
Comments The facility has separate chlorinators for each well.

OPERATION AND MAINTENANCE MANUAL

Location: At water plant
Compliant? *Yes - Maintenance and operational activities are logged.
Comments: *Several instances of maintenance and operational changes were logged by an unidentified person.

FLOW METER

Last Tested: Both meters were tested on 7/29/20.
Comments: * It is unclear as to how much treated water was entering into the distribution system as Well #1 raw water was entering Well #2. A finished water flow meter is needed to accurately measure the facility's production. Currently, the flow meters are located at each well before treatment occurs. ** It is understood as Well #2 may have caused the flow meter at well #1 to run backwards, both flow meters should be calibrated.

HIGH SERVICE PUMPS: None

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clear well (O) Other

Tank Type/Number	H1	E1
Capacity (gal)	2,438	250,000
Material	Steel	Steel*
Gravity Drain	Yes	Yes
By-pass Piping	Yes	Yes
Pressure Gauge	Yes	N/A
Sight Glass or Level Indicator	Yes	N/A
Fittings for Sight Glass	Yes	N/A
Protected Openings	Yes	Yes
PRV/ARV	PRV	N/A
On/Off Pressure	42/55	N/A
Access Hatch?	Yes	Yes
Height to Max. Water Level	N/A	139
Date Last Cleaned/ Inspected?	7/2018	6/2018
Date Installed?	2018	1990
Tank protected from Vandalism?	Yes	Yes

Comments: * Corrosion was observed on the piping inside of the lower chamber of the E1 tank. Also, a pressure gauge on the piping was broken. The door to the E1 was corroded and the paint was peeling E1 inspection report was available for review. E1 exterior inspected 11/23/21 (not signed off by PE) E1 interior inspection due by 12/31/23.

H1 appears in good condition and was recently painted. H1 inspection (including sign off by PE) is due by 12/31/23.

DISTRIBUTION SYSTEM MAINTENANCE

Distribution System Materials

Types of Material: PVC
Comments: 1"-6"

Cross-Connection Control

Date of CCC Plan on File	1/2018
Is written CCC Plan Adequate?	Yes
# Commercial Service Connections:	58 (As of 2020)
# Of Tested Backflow Assemblies	Unknown
Percent commercial connections w/o backflow protection: (Approximate)	Unknown
# Residential re -use water service connections	None
Type and # Assemblies installed at Re-use Connections	N/A
Percent of all testable assemblies that are in compliance with requirement for annual testing (Approx.)	**Unknown
Recordkeeping appropriate?	No*

Comments: * No Cross-Connection Control Plan, annual Cross-Connection Control survey or backflow annual testing records were available at the time of inspection. Biometrics Utility is contracted to do backflow testing.

Water Distribution System (WDS) O&M Log

Location: Water Treatment Plant
Compliant? Yes
Comments: _____

Distribution Map

Is an updated map required?	Yes
Size of Mains Shown?	Yes
Valves and Dead-Ends Shown?	Yes
Hydrants Shown?	Yes
Plants & Tanks Shown?	Yes
Interconnects Shown?	N/A
Is the distribution map up to date?	Yes

Comments: The current distribution map is continually being updated by the town's maintenance foreman. As this map is a 1990 original as built distribution system map, it is recommended that a new distribution system map be created to ensure that the entire distribution system can be viewed when needed.

Water Main Flushing

Flushing Plan, If Required?	N/A
# of Flushing Sites	121
Frequency of Routine Flushing	Quarterly
# of Dead Ends Requiring Flushing	18
# of Dead Ends Flushed?	18
Is Flushing Activity Documented?	Yes
Location of Documentation	City Hall

Comments: Hydrants and blowoffs are flushed quarterly. Good recordkeeping was observed.

Valve Exercising

Is a Valve Exercising Plan on File?	Yes
Is Valve Exercising Documented?	Yes
Where is Valve Exercising Documented?	City Hall

Comments: Distribution system is reported to have 81 valves.

SAMPLING PLANS

Total Coliform Sampling Plan

Approved Sampling Plan?	Yes
Total Coliform Plan Date:	2/2018
# of Samples Required Monthly:	3
Total # of Unique Sites in Plan:	6 Distribution 2 wells

Comments: Samples are rotated monthly.

Disinfection By-Product (DBP) Sampling

Is the Plan Adequate?	Yes
# of Sites in Plan:	2
Sampling Frequency Cited in Plan	Annual
Plan Date:	2/10/21

Comments: _____

Lead and Copper Sampling Plan

Lead and Copper Plan Date:	9/2016
Minimum Standard Sites (Rule):	20
Minimum Reduced Sites (Rule):	10
Minimum WQP Sites (Rule):	2
L&C Sample Sites (Plan)	27
WQP Samples Sites (Plan):	2
Corrosion Control Required?	No
Samples Collected from Plan Sites?	Yes

Comments: _____

MISCELLANEOUS

Emergency Response Plan (ERP)

Required (+ 350 pop.)?	Yes
Date Created:	4/2018
Location of Plan:	Unknown*

Comments: *The ERP plan was not available at the time of inspection. Contact names and numbers must be kept up to date.

Consumer Confidence Reports (CCR)

Distribution/Reporting Timeframes Met?	Yes
CCRs In Conformance with Rules?	Yes
Delivery Methods Appropriate?	Yes
Usual Delivery Method(s):	Mail/ Posting

Comments: Posted at Town Hall and the Pierson Community Center, and in Park Bulletins. Also, posted on the Town of Pierson website.

Recordkeeping

All records (analyses, MOR, etc,) retained for required timeframe?	Yes
Where are the above records stored?	City Hall
Maintenance Work Properly Documented?	Yes
Customer Complaints Documented?	Yes

Comments: Customer complaints are managed by work order. It was noted that complaints have been reduced during flushing.

Security Issues:

Comments: None observed

MONITORING REQUIREMENTS

Contaminant	Samples Required	Sampling Location	Frequency	Next Deadline for Sampling
Microbiological (Bacti)	2	Each Well	Monthly	6/30/23
	3	Distribution / Per Approved Sampling Plan	Monthly	6/30/23
Volatile Organic Contaminant Group	1	POE	Triennial	12/31/24
Synthetic Organic Contaminant Group	1	POE	Triennial	12/31/24
Nitrate & Nitrite (as N)	1	POE	Annual	12/31/24
Inorganic Contaminant Group	1	POE	Triennial	12/31/24
Asbestos	1	Distribution / Per Approved Sampling Plan or apply for waiver	9 years	9/30/30
Radionuclide Contaminant Group	1	POE	9 years	12/31/30
Disinfection By-Products (TTHM & HAA5)	2	Distribution / Per Approved Sampling Plan	Annual	July 2023
Disinfection Residual Monitoring	3	Distribution / Same as microbiological samples	Monthly	6/30/23
Secondary Contaminant Group	1	POE	Triennial	12/31/24
Lead and Copper (Tap Water)	10	Distribution / Per Approved Sampling Plan	Triennial	9/30/24

Comments:

Known Water Quality Issues
Odor

Monitoring Violations	Other Violations
Missed bacterial samples 9/22 due to Hurricane Ian	RTCR Level 1 Assessment triggered 6/21

Deficiencies:

**Rule Reference
(Florida Administrative Code)**

1. Abnormal events were occurring at the time of inspection and incident reports were not received until much later. In addition, these conditions were not reported on the MOR.

Chapter 62-555.350(2), FAC.

Corrective Action: Please follow up on the questions listed below and instruct staff to report all abnormal conditions such as a well off-line for repairs on the MOR.

- a. When was it determined that Well #2 was backing up into well #1?
- b. When was well #1 isolated from the water treatment system?
- c. Please report as to when the repair of the Well #1 check and gate valve occurred?
- d. It was reported on 5/24/23 that the Well #1 pump motor had burned up and the well would remain out of service. What is the status of the repair?

Complete by August 31, 2023.

2. No totalizing flow meter.

Ch. 62-555.320(16), FAC.

Corrective Action: Install a totalizing flow meter to measure the net quantity of finished drinking water produced at the plant each day.

Complete by August 31, 2023.

3. Corrosion and peeling paint observed at the elevated tank.

Ch.62-555.350(2), FAC.

Corrective Action: Repair and paint the elevated tank door and tank exterior

Complete by August 31, 2023.

4. Broken pressure gauge was observed on the piping inside the lower chamber of the elevated tank.

Ch. 62-555.350(2), FAC.

Corrective Action: Repair or replace the pressure gauge.

Complete by August 31, 2023.

5. The Cross-Connection Control plan, Annual Cross-Connection Control Survey and backflow testing records were not available at the time of inspection.

Ch. 62-555.360, FAC.

Corrective Action: Please submit a copy of the Cross-Connection Control plan updated contacts, a copy of the Annual Cross-Connection Control survey, and a list of all backflow devices and their last testing date.

Complete by August 31, 2023.

6. The Emergency Response plan was not available for review at the time of inspection.

Ch. 62-555.350(15) FAC.

Corrective Action: Please submit a copy of the updated Emergency Response plan contact list for Department review.

Complete by August 31, 2023.

7. Many errors have been noted on the Monthly MORs.

Ch. 62-550.730(1)(c)&(d);
Ch. 62-555.350 (4) FAC.

- a. Late MOR reporting 2/23.
- b. Abnormally high and low values were observed on the 9/22, 10/22, 1/23, 3/23, 4/24 MORs with no explanation given.
- c. On many occasions, the submitted MOR was rejected for inaccuracies and missing data. The Department was required to follow up to obtain accurate data with a revised MOR.
- d. The designed capacity of the facility has been exceeded over 100% on many days during the past year- (10/22 MOR had 9 daily readings that exceeded 100% of the facility's design capacity).

Corrective Action: Please report why late or inaccurate MORs were submitted and what steps will be taken to avoid future occurrences. Investigate the cause of the exceedance of the plant's permitted design capacity and provide a written response. Please detail what corrective actions have or will be taken to address abnormally high and low daily flow readings.

Complete by August 31, 2023.

8. The population reported on the MORs has not been updated since the last sanitary survey.

Ch. 62-555.350(12)(b) FAC.

Corrective Action: Update the number of service connections and the population served.


9. Operator visitations not being properly logged.

Ch. 62-602.650(4) FAC.

Corrective Action: Ensure that operator completing maintenance at the facility is signing entries and logging date and time into the facility operations logbook.

Comments/Recommendations:

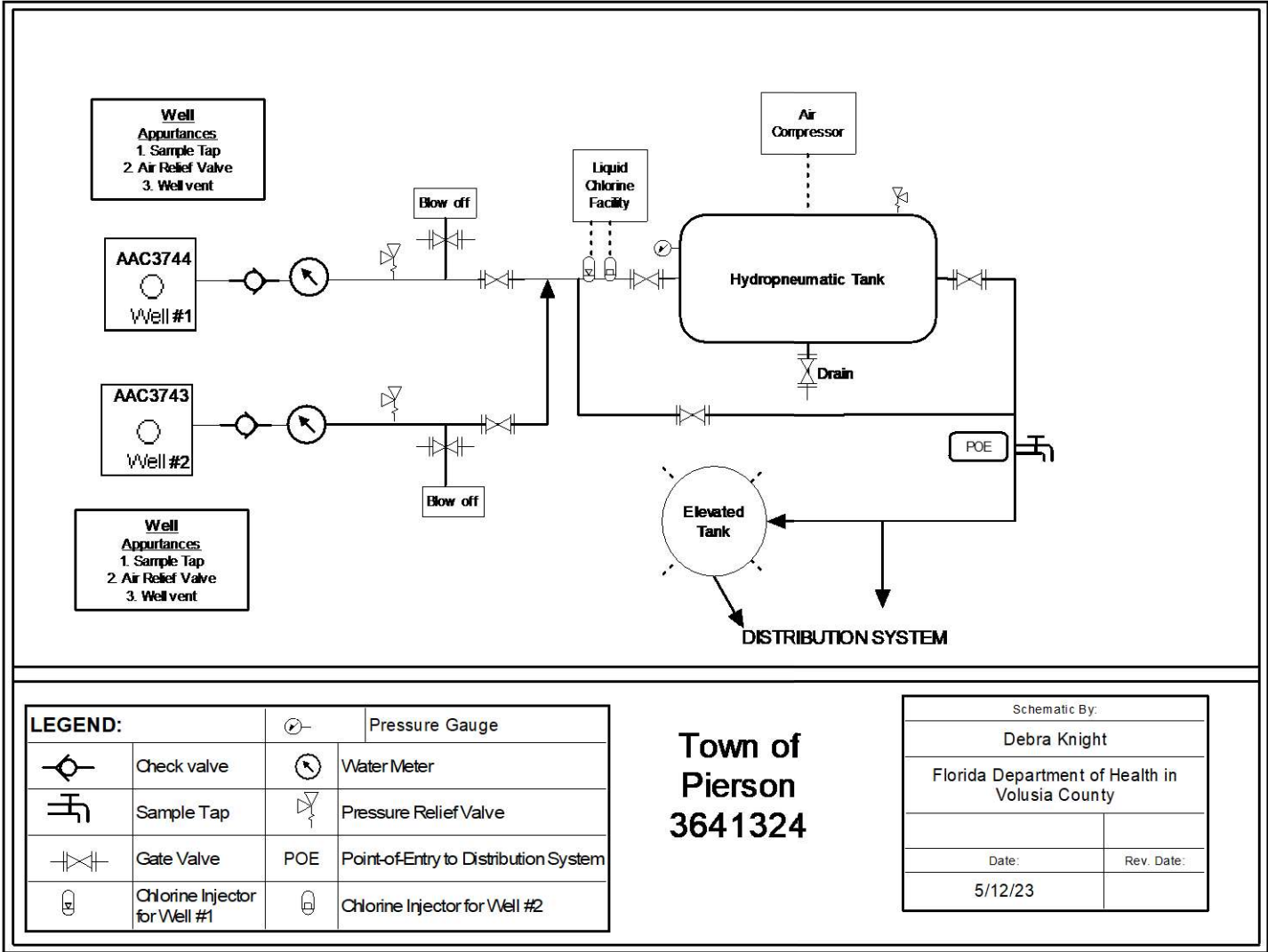
1. It is recommended that a new distribution system map be created to ensure that the entire distribution system can be viewed when needed.
2. It is understood as Well #2 may have caused the flow meter at well #1 to run backwards, both flow meters should be calibrated.

Inspector: Debra Knight /  Title Environmental Specialist II Date: 7/10/23

Reviewer: Rachel Sweet /  Title Environmental Specialist III Date: 7/11/23

Approved by: Andres Natal /  Title: E. H. Program Consultant Date: 7/12/23

Water Plant Schematic



SANITARY SURVEY - DIGITAL PHOTOS

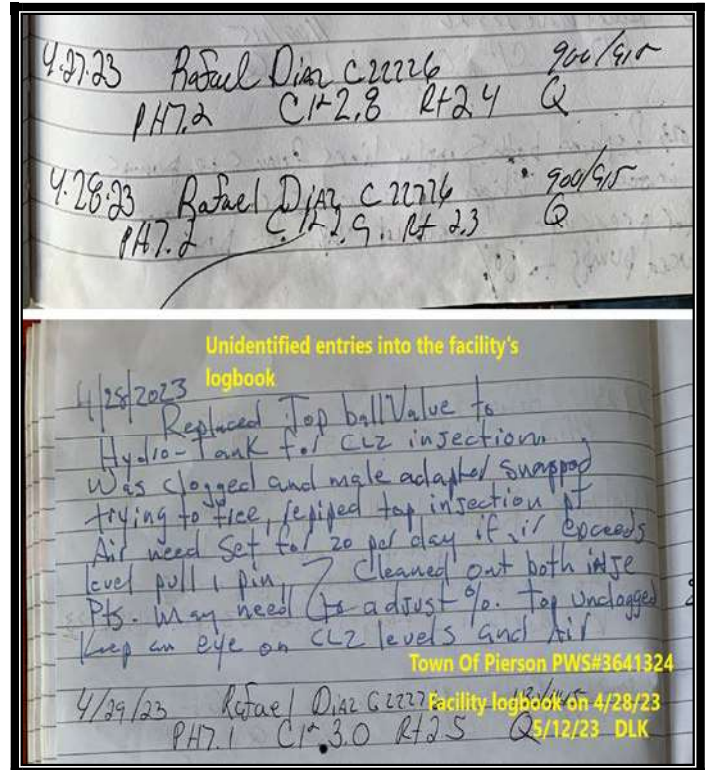


EXHIBIT B

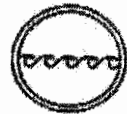
FROM : BIOMETRIC UTILITY

JAN. 14. 2003 3:03PM F 2
PHONE NO. : 407 860+6550

BIOMETRIC UTILITY CONSULTANTS, INC.

P.O. BOX 740641
ORANGE CITY, FLORIDA 32774-0641

PHONE: (386) 860-3148
FAX: (386) 860-6550



CONTRACT

Biometric Utility Consultants Inc. agree to operate the water/wastewater plant(s)

Name Town of Pierson PH # (386) 749-2661

Address: 106 N. Center St. Pierson, FL 32180

For the sum of \$ 705.00 each month. PWS # 3641324 PERMIT #

Services are to commence on These services will include the following:

6/yr Non-consecutive visits to treatment plant(s) as required.

1) Ph, Chlorine Residual, Phosphate, and Flow Recordings as required.

2) Submittal of monthly operating reports to respective agencies.

3) The following sampling requirements are included:

BACTERIOLOGICAL	5/month	NITRATE / NITRITE	1/ yearly
(N/A) BOD & TSS INF		(N/A) BOD & TSS EFF	(N/A) EFF-FECAL

(If additional bacteriological samples are required an additional charge of \$ 30.00 per sample will be charged.)

Note: This contract automatically renews January 1st of every year or may be canceled with a written notice ninety (90) days prior to expiration date.

Cancellation of contract will result in a charge of 50% value of new equipment.

Equipment is not cover for Weather Damage or Theft.

Billing Name: TOWN OF PIERSON PH # 386-749-2661

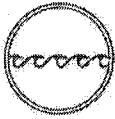
Address 104 N. Center Street FAX # 386-749-3239

Pierson FL 32180 CELL #

Signing of this contract, by the owner / representative will make this a legal contract.

B.U.C. Inc. Rep: Carlos A. Lela Date 1/14/03

Utility Rep: Stacy Turner Date 1/15/03
TOWN Clerk



BIOMETRIC UTILITY CONSULTANTS, INC.

P.O. BOX 740641
ORANGE CITY, FL 32774-0641

PHONE: (386) 860-3148

FAX: (386) 259-4978

manager@biometricutility.com

November 1, 2005

TOWN OF PIERSON
104 N. CENTER ST.
PIERSON, FL 32180

Dear Valued Customer,

We would first like to take this opportunity to thank you for allowing us to service your water needs. It has been our pleasure to help keep your facility running with the up most efficiency.

Effective December 1, 2005, your monthly service charge will increase slightly. This is an Addendum to your current contract, there will be a rate increase of \$108.75 a month which brings your monthly service to \$ 833.75

Should you have any questions or concerns regarding this increase please feel free to call Carlos at (386) 804-8124.

Sincerely,

Biometric Utility Consultants, Inc.