

Sam Grenlie
Mountain Regional Water Special Service District
5739 Paintbrush Road, Park City,
Summit County, UT 84098

January 5, 2026

RE: Community Water Tank Replacement Project – Contractor Recommendation

Sam,

AQUA Engineering has evaluated the bids submitted for the Community Water Tank Replacement Project. There were six bids that were read and opened on December 18, 2025. Based on the evaluation of the bids, the low bidder, FX Construction Inc., is recommended for selection.

AQUA Engineering compared each of the bids received to the Bidding Requirements in the Project Manual. Based upon the evaluation, AQUA recommends awarding this project to FX Construction. They provided a responsive bid with a Base Bid Total of \$1,400,670 and a Bid Alternate Total of \$46,640.

Sincerely,

A handwritten signature in black ink that reads "Henry D. Barth".

Henry D. Barth
Project Engineer

BID OPENING - BID TABULATION			
COMPANY	BASE BID TOTAL (A)	BID ALTERNATE TOTAL (B)	BASE BID + BID ALTERNATE TOTAL (A + B)
MC CONTRACTORS INC	\$ 1,420,353.00	\$ 90,750.00	\$ 1,511,103.00
ROCK PORT ROCKS LLC	\$ 1,635,066.00	\$ 93,789.00	\$ 1,728,855.00
VANCON INC.	\$ 1,458,700.00	\$ 60,000.00	\$ 1,518,700.00
COP CONSTRUCTION LLC	\$ 1,619,000.00	\$ 49,000.00	\$ 1,668,000.00
*FX CONSTRUCTION	\$ 1,400,670.00	\$ 46,640.00	\$ 1,447,310.00
PACIFIC TANK	\$ 1,665,124.00	\$ 207,900.00	\$ 1,873,024.00

REFER TO 004113 - BID FORM OF PROJECT MANUAL

*APPARENT LOWEST BIDDER

ARTICLE 1 – BID RECIPIENT

1.01 This Bid is submitted to:

*Mountain Regional Water Special Service District
COMMUNITY WATER TANK REPLACEMENT
MRWSSD Offices
5739 Paintbrush Road
Park City, UT 84098*

1.02 The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with Owner in the form included in the Bidding Documents to perform all Work as specified or indicated in the Bidding Documents for the prices and within the times indicated in this Bid and in accordance with the other terms and conditions of the Bidding Documents.

ARTICLE 2 – BIDDER’S ACKNOWLEDGEMENTS

2.01 Bidder accepts all terms and conditions of the Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 60 days after the Bid opening, or for such longer period of time that Bidder may agree to in writing upon request of Owner.

ARTICLE 3 – BIDDER’S REPRESENTATIONS

3.01 In submitting this Bid, Bidder represents that:

- A. Bidder has examined and carefully studied the Bidding Documents, and any data and reference items identified in the Bidding Documents, and hereby acknowledges receipt of the following Addenda:

<u>Addendum No.</u>	<u>Addendum, Date</u>
1	11/5/2025
_____	_____
_____	_____
_____	_____

- B. Bidder has visited the Site, conducted a thorough, alert visual examination of the Site and adjacent areas, and become familiar with and satisfied itself as to the general, local, and Site conditions that may affect cost, progress, and performance of the Work.
- C. Bidder is familiar with and has satisfied itself as to all Laws and Regulations that may affect cost, progress, and performance of the Work.
- D. Bidder has carefully studied all reports of explorations and tests of subsurface conditions at or adjacent to the Site and all drawings of physical conditions relating to existing surface or subsurface structures at the Site. A subsurface Geotechnical Investigation Report has been prepared for the Site and is included as Appendix A of the Project Specifications.
- E. Bidder has considered the information known to Bidder itself; information commonly known to contractors doing business in the locality of the Site; information and observations obtained from visits to the Site; the Bidding Documents; and any Site-related reports and

drawings identified in the Bidding Documents, with respect to the effect of such information, observations, and documents on (1) the cost, progress, and performance of the Work; (2) the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder; and (3) Bidder's safety precautions and programs.

- F. Bidder agrees, based on the information and observations referred to in the preceding paragraph, that no further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of this Bid for performance of the Work at the price bid and within the times required, and in accordance with the other terms and conditions of the Bidding Documents.
- G. Bidder is aware of the general nature of work to be performed by Owner and others at the Site that relates to the Work as indicated in the Bidding Documents.
- H. Bidder has given Engineer written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and confirms that the written resolution thereof by Engineer is acceptable to Bidder.
- I. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance and furnishing of the Work.
- J. The submission of this Bid constitutes an incontrovertible representation by Bidder that Bidder has complied with every requirement of this Article, and that without exception the Bid and all prices in the Bid are premised upon performing and furnishing the Work required by the Bidding Documents.

ARTICLE 4 – BIDDER'S CERTIFICATION

4.01 Bidder certifies that:

- A. This Bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any collusive agreement or rules of any group, association, organization, or corporation;
- B. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid;
- C. Bidder has not solicited or induced any individual or entity to refrain from bidding; and
- D. Bidder has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the Contract. For the purposes of this Paragraph 4.01.D:
 - 1. "corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value likely to influence the action of a public official in the bidding process;
 - 2. "fraudulent practice" means an intentional misrepresentation of facts made (a) to influence the bidding process to the detriment of Owner, (b) to establish bid prices at artificial non-competitive levels, or (c) to deprive Owner of the benefits of free and open competition;
 - 3. "collusive practice" means a scheme or arrangement between two or more Bidders, with or without the knowledge of Owner, a purpose of which is to establish bid prices at artificial, non-competitive levels; and

4. "coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

ARTICLE 5 – BASIS OF BID

5.01 Bidder will complete the Work in accordance with the Construction Drawings for the following price(s):

- A. All overhead, mobilization, insurance, bonding, etc..., shall be included in the total price.
- B. Contractor shall be given an allowance for permitting.

TABLE A. BID SCHEDULE

ITEM NUMBER	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICE	TOTAL COST
1	Mobilization	LS	1	\$ —	\$ 155,800
2	Site Clearing, Grubbing, and Rough Excavation	LS	1	\$ —	\$ 75,080
3	Form and Pour Concrete Tank Foundation	LS	1	\$ —	\$ 217,700
4	Furnish and Construct New 500,000 Gallon Welded Steel Water Tank	LS	1	\$ —	\$ 702,420
5	Furnish and Install Piping and Appurtenances for Tank Inlet	LS	1	\$ —	\$ 46,330
6	Furnish and Install Piping and Appurtenances for Tank Distribution Line and Connection to Pump Station	LS	1	\$ —	\$ 29,410
7	Furnish and Install Piping and Appurtenances for Tank Drain and Overflow Lines	LS	1	\$ —	\$ 40,080
8	Furnish and Install Pressure Transducer Access Manhole	LS	1	\$ —	\$ 6,150
9	Installation of Electrical, Communication, and Control Systems	LS	1	\$ —	\$ 27,670
10	Disinfection and Hydrostatic Testing	LS	1	\$ —	\$ 10,050
11	Permitting	LS	1	\$ —	\$ 20,000
12	Site Restoration	LS	1	\$ —	\$ 10,380

	Base Bid Total (A)	1,400,670
Base Bid Total (Written) <i>one million four hundred thousand six hundred seventy dollars.</i>		

TABLE B. BID ALTERNATE SCHEDULE

ITEM NUMBER	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICE	TOTAL COST
AB.1	Demolition and Removal of Existing Water Storage Tank	LS	1	\$ —	\$46,640
Bid Alternate Total (B)					46,640
Bid Alternate Total (Written) <i>Forty six thousand six hundred forty dollars.</i>					

Base Bid + Bid Alternate Construction Total (A + B)*					\$1,447,310
Total Base + Bid Alternate Construction Total (Written) <i>one million four hundred forty seven thousand three hundred ten dollars.</i>					

*This value is the sum of the total costs from Table A, and Table B.

TABLE C. ADDITIONAL UNIT PRICE SCHEDULE

ITEM NUMBER	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICE	TOTAL COST
AU.1*	Rock Excavation	HRS	0	\$ —	\$ 230
AU.2	Imported Fill	CY	0	\$ —	\$ 80
Alternate Unit Price Total (C)					\$ 310
Alternate Unit Price Total (Written) <i>Three hundred ten dollars.</i>					

**Rock Excavation consists of the removal of hard igneous, metamorphic, and/or sedimentary rock which cannot be excavated by means of a track mounted power excavator. When rock is encountered within the limits of the excavation, immediately notify the Owner and Engineer, and do not proceed further until instructions are received and confirmation of rock excavation conditions can be verified by the Owner and Engineer. Upon determination of rock excavation conditions, a timer will be used to measure the effects required against the contingency amount included in the construction agreement.*

- 5.02 The Contractor must complete all bid items to be considered responsive.
- 5.03 The Owner reserves the right to award the job based upon the total of any combination of or all bid items listed above in the bid schedule based upon budgetary constraints set forth for this project.
- 5.04 Bids will be evaluated using items the Owner has selected for Award.

- 5.05 Bidder acknowledges that estimated quantities are not guaranteed and are solely for the purpose of comparison of Bids, and final payment for all bid items will be based on actual quantities, determined as provided in the contract documents.
- 5.06 Refer to the Project Construction Drawings for information on the individual bid items provided in the schedule.

ARTICLE 6 – TIME OF COMPLETION

6.01 The tentative project schedule is provided below. The Bidder shall fill in the project schedule below to be considered responsive.

DATE	PROJECT MILESTONE	BIDDER’S ANTICIPATED DATE / COMMENTS
Feb 2, 2026	Notice to Proceed	February 2, 2026
Feb 2, 2026 – March 27, 2026	Submittal Review Period	February 2, 2026 - March 27, 2026
**April 27, 2026 – October 15, 2026	Project Construction Window	April 27, 2026 - October 15, 2026
*TBD – Contractor Selected Start Date (To be Approved by MRWSSD)	Mobilize and Begin Construction	April 27, 2026
Sept 15, 2026	Substantial Completion	September 15, 2026
October 15, 2026	Final Completion/Payment	October 15, 2026

**Construction start date shall be no later than April 27, 2026*

***Construction may begin at earlier time upon approval by Owner*

ARTICLE 7 – ATTACHMENTS TO THIS BID

- 7.01 The following documents are submitted with and made a condition of this Bid:
- A. This Bid Form (Section 004113), completed and signed where indicated, including acknowledgement of all addenda issued for this project.
 - B. Contractor’s Verification of Drug and Alcohol Testing Policy (Section 004544);
 - C. List of Proposed Subcontractors (Section 004336);
 - D. List of Proposed Suppliers (Section 004337);
 - E. Required Bid Security (Section 004313);
 - F. Required Bidder Qualification Statement with supporting data (Section 004513);
 - G. E-Verify Affidavit (Section 004540);
 - H. List of Project References;

- I. Evidence of authority to do business in the state of the Project; or a written covenant to obtain such license within the time for acceptance of Bids; and
- J. Contractor's Utah License No.: 341051-5501

FAILURE TO PROVIDE ALL ITEMS IN THIS ARTICLE WILL RESULT IN REJECTION OF THE BID.

ARTICLE 8 – DEFINED TERMS

N/A

ARTICLE 9 – BID SUBMITTAL

BIDDER: *[Indicate correct name of bidding entity]*

FX Construction

By:

[Signature]



[Printed name]

Brent Fox

(If Bidder is a corporation, a limited liability company, a partnership, or a joint venture, attach evidence of authority to sign.)

Attest:

[Signature]



[Printed name]

Tyler Stoker

Title:

Project Manager

Submittal Date:

10/18/2025

Address for giving notices:

461 N 500 W

Suite 300

Lehi, UT 84043

Telephone Number:

801-380-0035

Fax Number:

801-766-3320

Contact Name and e-mail address:

Tyler Stoker

tyler@fxconstruction.com

Bidder's License No.:

341051-5501

(where applicable)

**Mountain Region Water Special Service District
Drug & Alcohol Testing Requirements**

Please demonstrate with a Safety Manual or other Personnel Policies the following:

1. Contractor has and will maintain a drug and alcohol testing policy during the contract period that applies to the covered individuals hired by the contractor.
2. Contractor posts in one or more conspicuous places notice to covered individuals hired by the contractor that the contractor has a drug and alcohol testing policy.
3. Subjects the covered individuals to random testing if at any time during the contract period there are 10 or more individuals who are covered individuals hired by the contractor.
4. A subcontractor hired by the contractor will also be subject to items 1-3 above.

Definition of a "covered individual" is as follows:

- (a) On behalf of a contractor or subcontractor provides services directly related to design or construction under a construction contract; and
- (b) Is in a safety sensitive position, including a design position that has responsibilities that directly affect the safety of an improvement to real property that is the subject of a construction contract.

Contractor's Signature: RF, Date: 12/18/2025

Print name here: Brent Fox

Title: Owner

LIST OF SUBCONTRACTORS

Each BIDDER shall list below the name of each subcontractor who will provide labor or a portion of the work or improvement to the contractor for which he will be paid an amount exceeding 5 percent of the prime contractor's total bid. Within 2 hours after the completion of the opening of the bids, the general contractors who submitted the three lowest bids must submit a list of the name of each subcontractor who will provide labor or a portion of the work or improvement to the contractor for which he will be paid an amount exceeding 5 percent of the prime contractor's total bid, and the number of the applicable license(s) issued to the subcontractor.

Work to be Performed	% of Total Contract	Subcontractors Name, Address & License Number
1. Tank	30%	Great Basin Industrial 1284 W Flint Meadow, Kaysville, UT 84037 7185793-5501
2. Painting/Coatings	15%	Fossil Coatings 1376 Kingston Dr, Ogden, UT 84403 12410058-5501
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Note: Additional numbered pages may be attached if necessary.

MAJOR MATERIAL SUPPLIERS

The BIDDER shall indicate opposite each item of equipment or material listed below the name of the manufacturer or supplier of the equipment or material proposed to be furnished under the BID.

Equipment / Material	Manufacturer/Supplier Name & Address
1. Rebar	Champion Fabricating 7420 S 700 W Midvale, UT 84047
2. Concrete	Geneva Rock PO Box 425 Orem, UT 84059
3. Piping	Core & Main 1417 S Industrial Pkwy Provo, UT 84606
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Note: Additional numbered pages may be attached if necessary.

BID BOND (PENAL SUM FORM)

Any singular reference to Bidder, Surety, Owner or other party shall be considered plural where applicable.

BIDDER (Name and Address):

FX Construction, Inc.
461 North 500 West Ste 300
Lehi, UT 84043

SURETY (Name, and Address of Principal Place of Business):

United States Fire Insurance Company
305 Madison Avenue,
Morristown, NJ 07960

OWNER (Name and Address):

Mountain Regional Water Special Service District
5739 Paintbrush Road
Park City, Utah 84098

BID

Bid Due Date: 12/18/2025

Description (Project Name— Include Location): Community Water Tank Replacement

BOND

Bond Number:

Date:

Penal sum Five Percent of Accompanying Bid (5% of Bid) \$ _____

(Words)

(Figures)

Surety and Bidder, intending to be legally bound hereby, subject to the terms set forth below, do each cause this Bid Bond to be duly executed by an authorized officer, agent, or representative.

BIDDER

FX Construction, Inc. _____ (Seal)

Bidder's Name and Corporate Seal

SURETY

United States Fire Insurance Company _____ (Seal)

Surety's Name and Corporate Seal

By: [Signature]
Signature

Brent Fox
Print Name

owner
Title

Attest: [Signature]
Signature

Title Office Manager

By: [Signature]
Signature (Attach Power of Attorney)

Vicki Sorensen
Print Name

Attorney-in-Fact
Title

Attest: [Signature]
Signature Leandra Lopez

Title Assistant Account Manager

Note: Addresses are to be used for giving any required notice.

Provide execution by any additional parties, such as joint venturers, if necessary.

1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors, and assigns to pay to Owner upon default of Bidder the penal sum set forth on the face of this Bond. Payment of the penal sum is the extent of Bidder's and Surety's liability. Recovery of such penal sum under the terms of this Bond shall be Owner's sole and exclusive remedy upon default of Bidder.
2. Default of Bidder shall occur upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents.
3. This obligation shall be null and void if:
 - 3.1 Owner accepts Bidder's Bid and Bidder delivers within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents, or
 - 3.2 All Bids are rejected by Owner, or
 - 3.3 Owner fails to issue a Notice of Award to Bidder within the time specified in the Bidding Documents (or any extension thereof agreed to in writing by Bidder and, if applicable, consented to by Surety when required by Paragraph 5 hereof).
4. Payment under this Bond will be due and payable upon default of Bidder and within 30 calendar days after receipt by Bidder and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the amount due.
5. Surety waives notice of any and all defenses based on or arising out of any time extension to issue Notice of Award agreed to in writing by Owner and Bidder, provided that the total time for issuing Notice of Award including extensions shall not in the aggregate exceed 120 days from the Bid due date without Surety's written consent.
6. No suit or action shall be commenced under this Bond prior to 30 calendar days after the notice of default required in Paragraph 4 above is received by Bidder and Surety and in no case later than one year after the Bid due date.
7. Any suit or action under this Bond shall be commenced only in a court of competent jurisdiction located in the state in which the Project is located.
8. Notices required hereunder shall be in writing and sent to Bidder and Surety at their respective addresses shown on the face of this Bond. Such notices may be sent by personal delivery, commercial courier, or by United States Registered or Certified Mail, return receipt requested, postage pre-paid, and shall be deemed to be effective upon receipt by the party concerned.
9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent, or representative who executed this Bond on behalf of Surety to execute, seal, and deliver such Bond and bind the Surety thereby.
10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond shall be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable statute, then the provision of said statute shall govern and the remainder of this Bond that is not in conflict therewith shall continue in full force and effect.
11. The term "Bid" as used herein includes a Bid, offer, or proposal as applicable.

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

12522

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Brady Thorn, Vicki Sorensen, Adam Snow, Danielle Marchant, Katlyn Bigelow, Lori Clark, W. Douglas Snow, James Dickson,
Ginger Farnsworth, Kim Russell, Brad Anderson, Budd Scow, Teresa Moore, Susan Childs, Corey Ford, Ashley Gallaher, Megan Flint

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Unlimited**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 20th day of May, 2024.

UNITED STATES FIRE INSURANCE COMPANY

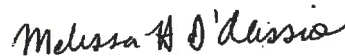
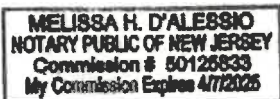


Matthew E. Lubin, President



State of New Jersey }
County of Morris }

On this 20th day of May, 2024, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.



Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 18th day of December 20 25

UNITED STATES FIRE INSURANCE COMPANY



Michael C. Fay, Senior Vice President



QUALIFICATIONS STATEMENT

THE INFORMATION SUPPLIED IN THIS DOCUMENT IS CONFIDENTIAL TO THE EXTENT PERMITTED BY LAWS AND REGULATIONS

1. SUBMITTED BY:

Official Name of Firm: FX Construction

Address: 461 N 500 W

Suite 300

Lehi, UT 84043

2. SUBMITTED TO: Mountain Regional Water Special Service District

3. SUBMITTED FOR: _____

Owner: Mountain Regional Water Special Service District

Project Name: Community Water Tank Replacement

TYPE OF WORK: 500,000 gallon welded steel potable water tank

4. CONTRACTOR'S CONTACT INFORMATION

Contact Person: Tyler Stoker

Title: Project Manager

Phone: 801-376-7223

Email: tyler@fxconstruction.com

5. AFFILIATED COMPANIES:

Name: _____
Address: _____

6. TYPE OF ORGANIZATION:

SOLE PROPRIETORSHIP

Name of Owner: _____

Doing Business As: _____

Date of Organization: _____

PARTNERSHIP

Date of Organization: _____

Type of Partnership: _____

Name of General Partner(s): _____

CORPORATION

State of Organization: Utah

Date of Organization: 10/25/2005

Executive Officers:

- President: Brent Fox

- Vice President(s): _____

- Treasurer: _____

- Secretary: _____

LIMITED LIABILITY COMPANY

State of Organization: _____

Date of Organization: _____

Members: _____

JOINT VENTURE

Sate of Organization: _____

Date of Organization: _____

Form of Organization: _____

Joint Venture Managing Partner

- Name: _____

- Address: _____

Joint Venture Managing Partner

- Name: _____

- Address: _____

Joint Venture Managing Partner

- Name: _____

- Address: _____

7. LICENSING

Jurisdiction: Utah
Type of License: E100/B100
License Number: 341051-5501
Jurisdiction: _____
Type of License: _____
License Number: _____

8. CERTIFICATIONS

CERTIFIED BY:

Disadvantage Business Enterprise: _____
Minority Business Enterprise: _____
Woman Owned Enterprise: _____
Small Business Enterprise: _____
Other (_____): _____

9. BONDING INFORMATION

Bonding Company: United States Fire Insurance Company
c/o Beehive Insurance
Address: 4393 South Riverboat Rd, Suite 200
Salt Lake City, UT 84123
Bonding Agent: Vicki Sorensen
Address: 4393 South Riverboat Rd, Suite 200
Salt Lake City, UT 84123
Contact Name: Vicki Sorensen
Phone: 801-685-6852
Aggregate Bonding Capacity: \$70,000,000
Available Bonding Capacity as of date of this submittal: \$20,000,000

10. FINANCIAL INFORMATION

Financial Institution: Altabank
Address: 712 East Main Street
Lehi, UT 84043
Account Manager: Layne Cardon
Phone: 801-766-1000

INCLUDE AS AN ATTACHMENT AN AUDITED BALANCE SHEET FOR EACH OF THE LAST 3 YEARS

11. CONSTRUCTION EXPERIENCE:

Current Experience:

List on **Schedule A** all uncompleted projects currently under contract (If Joint Venture list each participant's projects separately).

Previous Experience:

List on **Schedule B** all projects completed within the last 5 Years (If Joint Venture list each participant's projects separately).

Has firm listed in Section 1 ever failed to complete a construction contract awarded to it?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a principal of another entity?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a partnership or any of the individual entities if a joint venture)?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

12. SAFETY PROGRAM:

Name of Contractor's Safety Officer: David Holland

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE. None

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE. None

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	<u>2024</u>	EMR	<u>.75</u>
YEAR	<u>2023</u>	EMR	<u>.74</u>
YEAR	<u>2022</u>	EMR	<u>.74</u>
YEAR	<u>2021</u>	EMR	<u>1.07</u>
YEAR	<u>2020</u>	EMR	<u>1.28</u>

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	<u>2024</u>	TRFR	<u>2.1</u>
YEAR	<u>2023</u>	TRFR	<u>0</u>
YEAR	<u>2022</u>	TRFR	<u>0</u>
YEAR	<u>2021</u>	TRFR	<u>5.7</u>
YEAR	<u>2020</u>	TRFR	<u>12.4</u>

Total number of man-hours worked for the last 5 Years:

YEAR	<u>2024</u>	TOTAL NUMBER OF MAN-HOURS	<u>96,973</u>
YEAR	<u>2023</u>	TOTAL NUMBER OF MAN-HOURS	<u>69,172</u>
YEAR	<u>2022</u>	TOTAL NUMBER OF MAN-HOURS	<u>78,858</u>
YEAR	<u>2021</u>	TOTAL NUMBER OF MAN-HOURS	<u>69,708</u>
YEAR	<u>2020</u>	TOTAL NUMBER OF MAN-HOURS	<u>64,315</u>

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

YEAR	<u>2024</u>	DART	<u>0</u>
YEAR	<u>2023</u>	DART	<u>0</u>
YEAR	<u>2022</u>	DART	<u>0</u>
YEAR	<u>2021</u>	DART	<u>2.9</u>
YEAR	<u>2020</u>	DART	<u>0</u>

13. EQUIPMENT:

MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith, INCLUDING ANY ATTACHMENTS, IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF ORGANIZATION: FX Construction

BY: RJH

TITLE: Owner

DATED: 12/18/2025

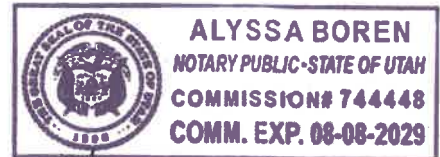
NOTARY ATTEST:

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 18th DAY OF December, 2025

NOTARY PUBLIC - STATE OF Utah

MY COMMISSION EXPIRES: 8/8/2029



Alyssa Boren

REQUIRED ATTACHMENTS

1. Schedule A (Current Experience).
2. Schedule B (Previous Experience).
3. Schedule C (Major Equipment).
4. Evidence of authority for individuals listed in Section 7 to bind organization to an agreement.
5. Resumes of officers and key individuals (including Safety Officer) of firm named in Section 1.
6. Required safety program submittals listed in Section 12.
7. Additional items as pertinent.

SCHEDULE A

CURRENT EXPERIENCE

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
Herriman Zone 2 & 3 Water Tanks	Name: Chris Cozens 14034 S 145 E, Suite 204 Address: Draper, UT 84020 Telephone: 801-260-3067	Name: Tavis Timothy Company: BT Engineering Telephone: 801-319-1288	10/2024 - 12/2025	Water Tank	97%	\$8,289,516.60
Skye Tank & Pond	Name: Dave Martin 12351 S Gateway Park Place Address: Draper, UT 84020 Telephone: 385-214-7665	Name: Greg Thomas Company: Hansen Allen & Luce Telephone: 801-918-0513	6/2025 - 12/2025	Water Tank	76%	\$5,788,336.00
The Point - Package 1 - 3 MG Culinary Water Reservoir	Name: Jon Vance 4315 S 2700 W, 3rd Floor Address: Salt Lake City, UT 84129 Telephone: 801-686-4422	Name: Dave Dillman Company: Horrocks Engineering Telephone: 801-376-7330	11/2025 - 12/2026	Water Tank	5%	\$9,839,450.00
White Hills Well Upgrade	Name: Chris Cozens 14034 S 145 E, Suite 204 Address: Draper, UT 84020 Telephone: 801-260-3067	Name: Tavis Timothy Company: BT Engineering Telephone: 801-319-1288	9/2025 - 2/2026	Well Upgrade	23%	\$2,846,060.00
Herriman Zone 2 & 3 Pump Stations	Name: Chris Cozens 14034 S 145 E, Suite 204 Address: Draper, UT 84020 Telephone: 801-260-3067	Name: Tavis Timothy Company: BT Engineering Telephone: 801-319-1288	10/2024 - 12/2025**	Pump Station	25%	\$4,494,532.00
	Name: Address: Telephone:	Name: Company: Telephone:				
	Name: Address: Telephone:	Name: Company: Telephone:				

**Herriman City & DAI are currently trying to restructure the contract dates and extend those dates due to permits and other contractors delay on the projects.

SCHEDULE B

PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
UTNG Camp Williams 1 MG Water Tank	Name: Richard Thalman Address: 4315 S 2700 W, 3rd Floor Salt Lake City, UT 84129 Telephone: 801-716-9006	Name: Michael McFadden Company: Bowen & Collins Telephone: 801-654-9300	9/2023 - 10/2024	Water Tank	100%	\$3,922,000.00
Francis City 750,000 Gallon Water Tank	Name: Scott Kettle Address: 728 W 100 S Heber City, UT 84032 Telephone: 801-360-9735	Name: Scott Kettle Company: Horrocks Engineering Telephone: 801-360-9735	3/2023 - 11/2024	Water Tank	100%	\$2,279,500.00
White City Harston Tank #2	Name: Ryan Johnson Address: 999 East Galena Drive Sandy, UT 84094 Telephone: 801-231-0246	Name: Cliff Linford Company: Sunrise Engineering Telephone: 801-656-8109	8/2023 - 9/2024	Water Tank	100%	\$4,375,413.00
North Davis Final Effluent Pump Station	Name: Kevin Cown Address: 4252 W 2200 S Syracuse, UT 84075 Telephone: 801-825-0712	Name: Darren Lowe Company: Jacobs Engineering Telephone: 385-474-8500	9/2022 - 3/2024	Pump Station	100%	\$4,018,655.00
Summit Park Tank #1	Name: Sam Grenlie Address: 6421 Business Park Loop Rd Suite A, Park City, UT 84098 Telephone: 801-712-8598	Name: Darin Hawkes Company: Aqua Engineering Telephone: 801-450-7592	5/2023 - 11/2023	Water Tank	100%	\$2,327,289.26
Coyote Lane Sewer Lift Station	Name: Dave Fuller Address: 5360 Old Hwy 40 Heber City, UT 84032 Telephone: 435-503-5898	Name: Steve Jackson Company: Jackson Engineering Telephone: 801-558-5293	11/2022 - 7/2023	Lift Station	100%	\$1,164,719.00
Mt Saratoga Zone 2 Water Tank	Name: Thomas Grieve Address: 13702 S 200 W, B12 Draper, UT 84020 Telephone: 801-494-0150	Name: Seth Briggs Company: EDM Partners Telephone: 801-243-9029	5/2022 - 5/2023	Water Tank	100%	\$1,891,223.00

SCHEDULE B

PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
Lower Spring Creek Tank #3	Name: Shawn Barker Address: 110 South Main Springville, UT 84663 Telephone: 801-420-0421	Name: Matt Laurendeau Company: Jones & DeMille Telephone: 801-692-0219	1/2022 - 1/2023	Water Tank	100%	\$4,945,544.39
Provo City Southwest Lift Station	Name: Dave Torgeson Address: 1377 S 350 E Provo, UT 84606 Telephone: 801-636-7377	Name: Wayne Fawcett Company: Waterworks Telephone: 385-337-4995	12/2021 - 11/2022	Lift Station	100%	\$2,179,551.00
Sand Pit 2.3 MG Tank & Booster Pump Station & 600 East 2.3 MG Tank	Name: Brad Kenison Address: 153 N 100 E Lehi, UT 84043 Telephone: 801-836-1020	Name: Richard Noble Company: Hansen Allen & Luce Telephone: 801-566-5599	2/2021 - 9/2022	Water Tank Pump Station	100%	\$6,465,119.00
Mt Saratoga Zone 2 & 3 Irrigation Infrastructure	Name: Jaran Nicholls Address: 13702 S 200 W, B12 Draper, UT 84020 Telephone: 801-494-0150	Name: Seth Briggs Company: EDM Partners Telephone: 801-243-9029	4/2021 - 6/2022	Irrigation Reservoirs Pump Station	100%	\$6,702,109.85
Northshore Sewer Lift Station	Name: Dave Martin Address: 154 E 14075 S Draper, UT 84020 Telephone: 385-214-7665	Name: Brent Packer Company: Bowen & Collins Telephone: 801-495-2224	1/2021 - 5/2022	Lift Station	100%	\$1,455,408.00
Eagle Mountain Wastewater Treatment Plant - 2.4 MGD Expansion Project	Name: Chris Trusty Address: 2565 N Pony Express Pkwy Eagle Mountain, UT 84005 Telephone: 801-789-6671	Name: Eric Sahn Company: Aqua Engineering Telephone: 801-299-1327	8/2020 - 10/2021	Wastewater Treatment Plant	100%	\$5,823,742.00
DFCM Prison Pump Station & Storage Tank, Pump Station 1 and Headworks Building	Name: Mike Ambre Address: 4315 S 2700 W, 3rd Floor Salt Lake City, UT 84129 Telephone: 801-209-9104	Name: Brett Brady Company: Horrocks Engineers Telephone: 801-763-5700	11/2019 - 5/2021	Pump Stations Water Tank	100%	\$4,036,571.81

GREAT BASIN INDUSTRIAL QUALIFICATIONS

CONTRACTOR LICENSE UTAH – 71855793-5501

Great Basin industrial has been engaged in the construction of AWWA water tanks and API - 650 tanks for 19 years. For the year 2025 we have constructed approximately 75 field erected tanks of various sizes and processes. Below is a brief description of the last 10 years of water tanks. I have shown a variety owners and industries, please note some of the projects listed below had multiple water tanks constructed for the project.

1. Water Storage Tank
 - a. Owner – Savage Bartlet
 - b. Year Built – 2024
 - c. Capacity – 1,495,000 gal.
 - d. Engineer – Burns & McDonnell / Great basin Industrial

2. Water Storage Tank
 - a. Owner – Simplot
 - b. Year Built – 2021
 - c. Capacity – 1,275,000 gal.
 - d. Engineer – Great Basin Industrial / Hatch

3. Water Storage Tank
 - a. Owner – Freeport McMoran
 - b. Year Built – 2021
 - c. Capacity – 2,685,000 gal.
 - d. Engineer – Great Basin Industrial

4. Water Storage Tank
 - a. Owner - BPX Energy,
 - b. Year Built – 2019
 - c. Capacity – 235,000 gal.
 - d. Engineer – Great Basin Industrial
 - e.

5. Water Storage Tank
 - a. Owner – Freeport McMoran
 - b. Year Built – 2016
 - c. Capacity – 165,000 gal.
 - d. Engineer – Great Basin Industrial

SCHEDULE C - LIST OF MAJOR EQUIPMENT AVAILABLE

ITEM	PURCHASE DATE	CONDITION	ACQUIRED VALUE
Volvo L90 Loader (3)	2013; 2017; 2020	Good	\$22,000; \$110,000; \$130,000
Volvo L110 Loader	2019	Good	\$200,000
Volvo L120 Loader (2)	2022; 2025	Good	\$290,000; \$375,000
Volvo A40G Off-Road Dump Truck	2023	Good	\$200,000
Volvo EC210 Trackhoe	2006	Good	\$35,000
Volvo EC220 Trackhoe	2013	Good	\$75,000
Volvo EC250 Trackhoe	2017	Good	\$95,000
Volvo EC300 Trackhoe	2021	Good	\$140,000
Trackhoe Mounted Jackhammer Breaker	2024	Good	\$30,000
Volvo Mini Ex	2024	Good	\$85,000
Compactor	2010	Good	\$28,000
Dump Trucks (3)	2007; 2015; 2018	Good	\$40,000; \$100,000; \$150,000
Transport	2016	Good	\$80,000
Side Dump	2018	Good	\$40,000
Water Trucks (3)	2000; 2004; 2012	Good	\$20,000; \$26,000; \$45,000
90-ton Rough Terrain Crane	2023	Good	\$300,000
45-ton Boom Truck	2023	Good	\$170,000
Skytrack Forklift (2)	2018; 2020	Good	\$48,000; \$60,000

Tyler Stoker

(801)-376-7223

tcstoker@gmail.com



Linked-In Profile

Education

Utah Valley University

- Bachelor's in Construction Management

Experience

1/18 – Current | Air Force Reserves

United States Air Force | Hill Air Force Base

(801)-777-3386

Air transportation specialist 2T251, dealing with movement of cargo and troops logistics for the United States military. Current rank E-6.

11/22 – Current | Project Manager

FX Construction | Lehi

(801)-380-0035

Project Management, project billing, scheduling, material procurement, and coordination with Owner's, Engineer's, Subcontractors and Suppliers.

3/20 – 11/22 | Project Engineer

Whitaker Construction | Midvale

(435)-723-2921

Create submittals and RFI's to coordinate with owners and subcontractors. Worked closely with superintendent's and suppliers to obtain equipment and supplies.

8/15 – 12/17 | Equipment Operator

Logan City Street Department | Logan

(435)-716-9642

Maintenance of Logan city Streets, including painting, sweeping, and snow removal.

4/15 - 8/15 | CDL Driver

Whitaker Construction | Brigham City

(435)-723-2921

Construction Truck driver. Operated Water truck, Dump truck, Double Side dump, and Flatbed. Perform pre-trip inspections, and assist with cleaning and maintenance of trucks and equipment.

2/2013 - 4/2015 | Level 2 Technician

Bluehost | Orem

(801)-765-9400 Ext.330

Provided technical support for website hosting.



Brandon Hyde
Project Superintendent

Education/Qualification:

- 24 Years Project Superintendent Experience
- 5 Years Project Foreman Experience
- OSHA-30 Certified

Relevant Experience:

UTNG Camp Williams 1 MG Water Tank

- Project Location: Bluffdale, UT
- Owner: DFCM
- Contract Amount: \$3,922,000.00
- General Contractor: FX Construction
- Completion Date: 2024
- Project Description: Construction of 1 MG Water tank with drain vault.

Mt Saratoga Zone 2 Water Tank

- Project Location: Saratoga Springs, UT
- Owner: Edge Homes
- Contract Amount: \$1,891,223.00
- General Contractor: FX Construction
- Completion Date: 2023
- Project Description: Construction of 1 MG Water Tank

Lower Spring Creek Tank #3

- Project Location: Springville, UT
- Owner: Springville City
- Contract Amount: \$4,945,554.39
- General Contractor: FX Construction
- Completion Date: 2023
- Project Description: Construction of a 3 MG, AWWA D115 tank, 20' source junction tank, 20' junction tank and modification to two existing tanks.

Sand Pit 2.3 MG Tank & Booster Pump Station and 600 East 2.3 MG Tank Project

- Project Location: Lehi, UT
- Owner: Lehi City
- Contract Amount: \$6,465,119.00
- General Contractor: FX Construction
- Completion Date: 2022
- Project Description: Construction of (2) AWWA D115 concrete water tanks and booster pump station.

DFCM Prison Pump Station & Storage Tank, Pump Station 1 and Headworks Building

- Project Location: Salt Lake City, UT
- Owner: Utah Division of Facilities Construction Management
- Contract Amount: \$4,036,571.81
- General Contractor: Whitaker Construction
- Completion Date: 2021
- Project Description: Construction of new water/wastewater facilities, wet well, pump station and water storage tank.

Mt Saratoga Zone 2 & 3 Irrigation Infrastructure (Irrigation Reservoirs and Pump Station)

- Project Location: Saratoga Springs, UT
- Owner: Edge Homes
- Contract Amount: \$6,702,109.85
- General Contractor: FX Construction
- Completion Date: 2022
- Project Description: Construction of (2) secondary water reservoirs, irrigation pump station.

Employment History:

2020 – Current	Project Superintendent	FX Construction
2014 – 2020	Project Superintendent	Dry Creek Structures
2008 – 2014	Project Superintendent	Gerber Construction
2001 – 2008	Project Superintendent	Fox Framing General Contracting
1996 – 2001	Foreman	Fox Framing General Contracting

G. David Holland CHST

3428 Jupiter Hills Drive * Syracuse, Utah 84075
E-mail dholland@wasatchsaftey.com

Phone: 801-540-7606

Profile

Director level safety professional with 23 years of occupational safety, health and environmental experience. Extensive experience in workers compensation claims management with a proven track record of success. BCSP Certified Construction Health and Safety Technician (CHST), ASSE member.

Qualification Summary

Safety and Risk Management

- Oversaw the Central States and Midwest regional operations of a national contractor who employed over 600 workers and performed over \$330 million in revenues. Supervised the efforts of 3 additional safety professionals in these regions.
- Proven ability to design, re-design, direct and implement effective safety programs.
- Demonstrated experience in monitoring jobsites and processes for adherence to OSHA and company requirements by training, inspecting and recommending/implementing corrective measures.
- Successfully reduced injury, accident and EMR rates with employers over the past 23 years.
- Effectively managed workers compensations claims with employers, employees and insurance carriers.
- Great success at gaining trust and buy-in from company management and field supervision to commit to safety processes.
- Experience with building safety programs from the ground up.

Certifications/Technical Expertise

- Construction Health and Safety Technician, BCSP – 2009 Certificate # C1640
- Member American Society of Safety Engineers since 2007 # 010016399
- OSHA 500 Outreach Instructor - 2002, 2006
- OSHA 502 Outreach Instructor – 2010, 2014
- OSHA 3010 Excavation, Trenching, Soil Mechanics – 2011
- Scaffold Training Institute Scaffold Builder/Competent Person Instructor – 2001
- HAZWOPER Management 24 Hour Training – 2001
- Asbestos 4 Hour Awareness Training - 2001
- UDOT Traffic Control Maintainer - 2004
- B.A.T. certified – 2011
- CSA International Fall Protection Instructor – 2001
- HAZWOPER 40 hour – 2001
- St. Paul 40 hour Crane Competent Person – 1999
- College coursework: risk management, drug free workplace, emergency preparedness, fire prevention and protection, ergonomics, PPE, hazcom, fleet safety and claims management, environmental safety, EPA regulations.
- Instructor in electrical safety, fall protection, excavation safety, scaffolding, ladders, confined space, forklift, skidsteer, manlift/scissor lift, respirator fit testing, asbestos awareness and fire safety/prevention.
- Instructor of hundreds of job safety training programs on OSHA safety and compliance, drug free workplace programs, and miscellaneous job safety programs
- Helped develop occupational safety control and loss control manuals for multiple employers
- Accident investigation and analysis
- Excellent classroom training skills
- Claims management
- Computer skills: Very proficient with Windows, Microsoft Word, Excel, Outlook and Access
- Past member of multiple associations and safety committees across Utah and the Midwest United States
- Fleet management
- Safety Committee creation and management

Experience

Job title: Owner/President <i>Wasatch Safety Group</i>	Jan. 2011 – Present <i>Syracuse, Utah</i>
Job title: Project Safety Manager <i>Okland Construction</i>	March 2008 – Feb. 2011 <i>Salt Lake City, Utah</i>
Job title: Corporate Safety Lead <i>Lithko Contracting, Inc.</i>	March 2006 – March 2008 <i>Kansas City, Kansas</i>
Job title: Safety Director <i>Wadsworth Brothers Construction</i>	May 2003 – March 2006 <i>Draper, Utah</i>

Notable Projects:

City Creek Center, Block 74, Block 75 – Salt Lake City, Utah
Virgin River Gorge Bridge – Hurricane, Utah
Olympic Skating Oval – Kearns, Utah
I-15 HOV Expansion – Orem, Utah to Lehi, Utah
I-215 Lego Bridges – Salt Lake City, Utah
Nucor Steel expansion – Norfolk Nebraska
Tuscaloosa Steel expansion – Tuscaloosa Alabama

Other Experience

Job title: Safety Coordinator	May 1996 – May 2004 <i>Various locations, U.S.</i>
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- I have worked many industrial projects for various companies across the United States.
- Some of the more prominent projects include: the Olympic Speed Skating Oval in Kearns, Utah; The Gateway project in Salt Lake City, Utah; Exxon Mobil acid gas injection station near Kemmerer, Wyoming; the Devil's Slide expansion project in Croydon, Utah; a grassroots ethanol plant in Luverne, Minnesota; and the Nucor steel mill expansion project in Norfolk, Nebraska. I also worked numerous outages at paper mills, steel mills, power plants, and refineries. Some of the contractors I have performed work for are QCI Incorporated, Layton Construction, C.Entry Construction, JT Thorpe & Sons, Schueck Steel, Lamb Engineering, and TIC Wyoming, DynaSteel, Brahma Construction.
- Responsible for leading the lead abatement process at several renovations and demolition projects.
- Responsible for performing inspections of job sites to identify and properly mark and delineate ACM (asbestos containing material) and PACM (presumed asbestos containing material).
- Responsible for training workers in awareness level Class 4 asbestos safety in industrial settings.
- Responsible for managing the safety program as issued from the corporate office.
- Work closely with all supervisors and other managers as a resource to aid in all aspects of safety.
- Hold regular training meetings with supervisors to ensure that current safety standards are being met, and discuss with them ways to improve their safety awareness.
- Hold regular training meetings with craft personnel to provide orientation, safety training, fall protection, ergonomics, electrical safety, and certification in specific safety areas including confined space training, lockout/tagout, hazcom, respirator fit tests.

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 24

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year.

Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)	1	(4) Poisonings	0
(1) Injuries	0	(5) Hearing loss	0
(2) Skin disorders	0	(6) All other illnesses	0
(3) Respiratory conditions			

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 33 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate of burden or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment Information

Your establishment name FX Construction, Inc

Street 6862 W 10205 N

City Highland State UT Zip 84003

Industry description (e.g., *Manufacture of motor truck trailers*)
Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

238110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 33

Total hours worked by all employees last year 96973

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

[Signature]
Company executive Title
Date 1 / 28 / 2025

Save Input

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 23

U.S. Department of Labor
Occupational Safety and Health Administration



Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

Establishment name
FX Construction
City **Highland** State **UT**

Step 1. Identify the person

(A) Case no. _____
(B) Employee's name _____
(C) Job title (e.g., Worker) _____

Step 2. Describe the case

(D) Date of injury or onset of illness (e.g., 2/10) _____ / _____ / _____
(E) Where the event occurred (e.g., Loading dock north end) _____
(F) Describe injury or illness, parts of body affected, and objectives/risks that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) _____

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

(M) Injury (1) (2) (3) (4) (5) (6)

Step 4. Enter the number of days the injured or ill worker was:

(K) Away from work _____ days

(L) On job transfer or restriction _____ days

Step 5. Select one column:

(N) Illness (1) (2) (3) (4) (5) (6)

(O) All other illnesses (1) (2) (3) (4) (5) (6)

(P) Hearing loss (1) (2) (3) (4) (5) (6)

(Q) Vision (1) (2) (3) (4) (5) (6)

(R) Respiratory condition (1) (2) (3) (4) (5) (6)

(S) Skin disorder (1) (2) (3) (4) (5) (6)

(T) Injury (1) (2) (3) (4) (5) (6)

Remained at Work

(H) Days away from work (1) (2) (3) (4) (5) (6)

(I) Job transfer or restriction (1) (2) (3) (4) (5) (6)

(J) Other recordable cases (1) (2) (3) (4) (5) (6)

(C) Death (1) (2) (3) (4) (5) (6)

(G) (1) (2) (3) (4) (5) (6)

(F) (1) (2) (3) (4) (5) (6)

(E) (1) (2) (3) (4) (5) (6)

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OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0

Injury and Illness Types

Total number of (M)	(N)	(O)	(P)
0	0	0	0
(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings
			(5) Hearing loss
			(6) All other illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 20 23

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB No. 1218-0176

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Establishment information

Your establishment name FX Construction, Inc

Street: 6862 W 10205 N

City: Highland State: UT Zip: 84003

Industry description (e.g. *Manufacture of motor truck trailers*)
Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)
238110

Employment information (if you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 33

Total hours worked by all employees last year 69172

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive [Signature] Title C.O.O.

Phone 801-971-0147 Date 1/3/2024

Save Input

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of (M)	(1) Injuries	0	(4) Poisonings	0
	(2) Skin disorders	0	(5) Hearing loss	0
	(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 315 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3604, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 12184-176

Establishment information

Your establishment name FX Construction, Inc
 Street 6862 W 10205 N
 City Highland State UT Zip 84003
 Industry description (e.g., *Manufacture of motor truck trailers*)
Construction
 North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 8 1 1 0

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
 Annual average number of employees 38
 Total hours worked by all employees last year 78858

Sign here
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive CEO Title
 Date 1 / 15 / 2023
 Phone 801 971 0147

Save Input



Year 2021

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	10
(K)	(L)

Injury and Illness Types

Total number of:	(M)	(N)	(O)
(1) Injuries	2	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name FX Construction, Inc

Street 6862 W 10205 N

City Highland State UT Zip 84003

Industry description (e.g., *Manufacture of motor truck trailers*)
Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

237110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 38

Total hours worked by all employees last year 69708

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

RTA Title OWNER

Company executive

Phone 801-380-0026 Date 1/10/2021

Save Input

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 20

U.S. Department of Labor
Occupational Safety and Health Administration

Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:

- Complete an injury and illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Form approved OMB no. 1218-0176

Step 1. Identify the person

(A) Case no. _____ (B) Employee's name _____ (C) Job title (e.g., Welder) _____

Step 2. Describe the case

(D) Date of injury or onset of illness (e.g., 2/10) _____ (E) Where the event occurred (e.g., Loading dock north end) _____ (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) _____

Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work: Days away from work (H) Job transfer or restriction (I) Other recordable cases (J)

Step 4.

Enter the number of days the injured or ill worker was:

Away from work (K) _____ days On job transfer or restriction (L) _____ days

Step 5.

Select one column:

Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

Reset	(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G) <input type="radio"/>	Days away from work (H) <input type="radio"/>	Job transfer or restriction (I) <input type="radio"/>	Other recordable cases (J) <input type="radio"/>	Away from work (K) _____ days	On job transfer or restriction (L) _____ days	Injury (1) <input checked="" type="radio"/>	Skin disorder (2) <input type="radio"/>	Respiratory condition (3) <input type="radio"/>	Poisoning (4) <input type="radio"/>	Hearing loss (5) <input type="radio"/>	All other illnesses (6) <input type="radio"/>
Reset		Vinson, Brayden	Laborer	3 / 31 month / day	700 South	Left hand smash hammer and prybar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset		Narvaez, Simon	Laborer	4 / 27 month / day	UDC	Right Pinky Finger Contusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset		McDonald, Christian	Laborer	5 / 6 month / day	KID Zone E	Head Laceration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset		Barkdale, Alexander	Crane Op	7 / 31 month / day	UDC	Twisted Right Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset				/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset				/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset				/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset				/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset				/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset				/ month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals: 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

Page 1 of 1

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 20 20

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Note: You can type input into this form and save it.
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Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of (M)	(1) Injuries	4	(4) Poisonings	0
	(2) Skin disorders	0	(5) Hearing loss	0
	(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name FX Construction, Inc

Street 6862 W 10205 N

City Highland State UT Zip 84003

Industry description (e.g., *Manufacture of motor truck trailers*)
Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

237110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 35

Total hours worked by all employees last year 64315

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

MSA Title OWNER

Company executive

Phone 801-280-0055 Date 1 / 8 / 2021

Save Input

**E-VERIFY
STATUS VERIFICATION SYSTEM AFFIDAVIT**

PART 1 - GENERAL

1.01 CONTRACTOR

- A. Name: FX Construction
- B. Address: 461 N 500 W, Suite 300, Lehi, UT 84043
- C. Telephone: 801-380-0035
- D. Fax: 801-766-3320

1.02 OWNER

- A. The name of the OWNER is Mountain Regional Water Special Service District

1.03 CONSTRUCTION CONTRACT

- A. The CONSTRUCTION CONTRACT is known as
Community Water Tank Replacement


PART 2 - REQUIREMENTS

2.01 REGISTRATION AND PARTICIPATION

- A. Bidder has completed the E-Verify registration process and is in compliance with the requirements of Utah Code Section 63G-11-103.
- B. Bidder will require affidavits of registration and participation by any subcontractor who works under the terms of the Contract Documents.

PART 3 - EXECUTION

3.01 CONTRACTOR'S SUBSCRIPTION AND ACKNOWLEDGMENT

- A. Contractor's Signature: 
- B. Please print name here: Brent Fox
- C. Title: Owner
- D. CONTRACTOR'S Utah license number: 341051-5501

Acknowledgement

State of Utah)
County of Utah) ss.

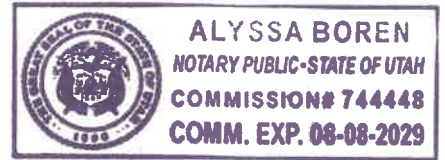
The foregoing instrument was acknowledged before me this December 18, 2020

By Brent Fox, owner
(person acknowledging and title or representative capacity, if any)

Alyssa Boren
Notary's Signature

Utah
Residing at

8/8/2029
My commission expires



Notary's Seal

- END OF DOCUMENT -



References

Sub-Contractors:

Company	Contact	E-Mail	Phone
S&S Electric	Rory Sowers	rory@sseutah.com	801-369-3754
Comfort Specialists	Brandon Reynolds	comfortspecialists@gmail.com	801-473-4297
GL Contracting	Evan Lee	generalleecontracting@yahoo.com	801-318-5918
Orion Construction	George Hatfield	orionutah@aol.com	801-763-8999
Rebar & Post Tension	Javier Montano	javier@rpt.email	435-224-6547
Structural Technologies	Justin Anderson	janderson@structuraltec.com	303-472-8118

Suppliers:

Company	Contact	E-Mail	Phone
Champion Fabricating	Ken Groves	ken@championfab.com	801-566-1211
Jack B Parson	Bryan Matheson	bryan.matheson@jbp.com	801-514-6761
Ferguson Waterworks	Cam Southwick	cam.southwick@ferguson.com	801-231-7580
Delco Western Pumps	Layne Reed	layne@delcowestern.com	801-541-4045

Engineers:

Company	Contact	E-Mail	Phone
BT Engineering	Tavis Timothy	tavis@b-t-eng.com	801-319-1288
EDM Partners	Seth Briggs	seth@edmpartners.com	801-243-9029
Sunrise Engineering	Steve Hansen	shansen@sunrise-eng.com	801-209-4256
Jackson Engineering	Steve Jackson	steve@jackson-engineering.com	801-558-5293
Horrocks Engineers	John Schiess	jschiess@horrocks.com	801-361-6439

Owners:

Company	Contact	E-Mail	Phone
City of Saratoga Springs	Charles Whitman	cwhitman@saratogasprings.com	801-766-6506
Kearns Improvement District	Greg Anderson	ganderson@kearnsid.org	801-968-1011
Bountiful City	Lloyd Cheney	lcheney@bountifulutah.gov	801-298-6125
Jordanelle Special Service District	Max Covey	mcovey@jssd.us	435-654-9233
DAI	Chris Cozens	chris@daiutah.com	801-260-3067
American Fork Irrigation	Ernie John	Erniej50@gmail.com	801-471-6576
DR Horton	Dave Martin	DLMartin2@drhorton.com	385-214-7665
Extell	Kent Fawcett	kfawcett@extell.com	801-702-7993
Lehi City	Greg Allred	gallred@lehi-ut.gov	385-201-2425