



A.C. Schultes of Delaware, Inc.

P.O. Box 188 * 16289 Sussex Highway
Bridgeville, DE 19933
24 Hour Service
(302) 337-8254
Fax (302) 337-8234

January 9, 2023

Mr. Austin Calamin
City of Lewes
Board of Public Works
107 Franklin Avenue
Lewes, DE 19958

RE: WELL #3A RELINE
ACSD QUOTE JO#629 - Revised

Dear Mr. Calamin:

Per your recent conversation with Mr. Rick Schultes of our firm, A.C. SCHULTES OF DELAWARE, INC. is pleased to quote you on relining Well #3A with 8" steel and stainless steel liner including the following:

- Install 4" pipe and airlift materials from bottom of well
- Remove pipe
- 100' of 8" black steel casing with clay grout installed
- 50' of 8" Type 304 stainless steel screen, slot .040, with #2 gravel installed
- Well development
- Test pump installation and removal
- Four (4) hour flow test to determine relined well capabilities utilizing an In-Situ electronic data logger
- Provide recommendations regarding permanent pump design and installation

TOTAL COST TO PERFORM THE ABOVE SUBJECT WORK. \$41,958.00

Please be advised the above subject quote is based on the following:

- 1) Our payment terms are Net 30 Days. All unpaid invoices beyond 30 days will be assessed a 1.5% finance charge per month. We also accept Visa and MasterCard credit card payments. If payment is made with a credit card, please add 3.5% to total invoice amount for credit card processing
- 2) This proposal may be withdrawn or renegotiated by our firm if not accepted within 30 days

Thank you for allowing our firm the opportunity to submit a proposal on this project. Authorization to proceed can be given by signing the attached authorization form, checking the options selected and returning it to my attention at P.O. Box 188, Bridgeville, DE 19933, faxing it to 302-337-8234 or e-mailing it to joursler@acsde.net.

Respectfully,

A.C. SCHULTES OF DELAWARE, INC.

Jory Oursler

Jory Oursler
President

JO\bh

AUTHORIZATION TO PROCEED

I, _____, representing _____

hereby authorize A.C. SCHULTES OF DELAWARE, INC. to proceed with the scope of
work as described in their proposal dated, January 9, 2023.

Signed: _____ Date: _____

Printed: _____ Witnessed: _____

PO # _____ E-Mail for Invoicing: _____

ACSD QUOTE JO#629-Revised

TAX EXEMPTION CERTIFICATE #

Options: (please check)