



CONNECTICUT
RESOURCES
RECOVERY
AUTHORITY

ADDENDUM NO. 1
Issued November 6, 2009

TO

**“REQUEST FOR BIDS
FOR
MID-CONNECTICUT PROJECT
MUNICIPAL SOLID WASTE EXPORT
TRANSPORTATION AND DISPOSAL WORK”
(RFB Number 10-OP-004)
(RFB Issued October 19, 2009)**

Note: Bidders are required to acknowledge this and all Addenda in Section 5(a) of the Bid Form.

This Addendum consists of two parts:

- (a) the Connecticut Resources Recovery Authority's ("CRRA") revision and reissuance of the Disposal Facility Form (Section 9 of the RFB Package Documents; and
- (b) CRRA's responses to written questions that were received by CRRA by 3:00 p.m., Wednesday, November 4, 2009, the deadline specified in the Instructions To Bidders for the submission of written questions.

1. REVISED DISPOSAL FACILITY FORM

CRRA has decided to revise the Disposal Facility Form (Section 9 of the RFB Package Documents) by adding to the Form certain requirements that must be met for each Disposal Facility selected by the Bidder. Specifically, for each Facility, the Bidder must provide the following:

- (a) A copy of the valid solid waste operating permit;
- (b) A copy of the insurance certificate for the Pollution Legal Liability Insurance carried by the facility;
- (c) For a landfill, proof of the funding mechanism used to guarantee closure and post-closure; and
- (d) A summary of the compliance history of the facility (NOVs, consent orders) for the past five years.

A Bidder must attach these documents to the Disposal Facility Form as part of its Bid.

A copy of the revised Disposal Facility Form is attached to this Addendum and it has also been posted on the CRRA web site where all of the other forms related to this RFB are posted.

2. RESPONSES TO QUESTIONS

1.	Question	What type and size containers are used for the transportation of the MSW from the four transfer stations? Are trailers, open-top containers, compactors or another option used for this process?
	Answer	The transfer stations are configured to accommodate 100-cubic yard trailers and the trailers are loaded from above so they must be open-top trailers. CRRA cannot accommodate trailers larger than 100 cubic yards.

2.	Question	Please clarify how the Transportation Price fuel adjustment will be applied to the per-ton rate. It is clear how the fuel price will be adjusted, but not how it is applied to the per-ton rate.
	Answer	<p>CRRA has revised the Bid Price Form and Exhibit B of the Agreement to clarify how the fuel price adjustment will be applied to the per-ton rates specified by bidders in their bids. The revised Bid Price Form and Exhibit B are attached to this Addendum. The revised Bid Price Form has also been posted on the CRRA web site where all of the other forms related to this RFB are posted.</p> <p>In the revised Bid Price Form, CRRA has specified a price per gallon of fuel that bidders should use in calculating their per ton transportation prices. CRRA has also included a place in the Bid Price Form for bidders to specify the percentage of each of their per ton transportation prices that is represented by the cost of fuel. CRRA will apply the adjustment described in Exhibit B to the fuel portion of the per ton transportation prices as specified in the bid to determine the adjusted per ton transportation prices when a successful bidder actually provides the MSW export work.</p>

END OF ADDENDUM 1



CONTRACTOR-SELECTED DISPOSAL FACILITY(IES) FORM

Bidder shall list on the following pages all MSW disposal facilities that will be used in the Bidder's performance of the Work should Bidder be awarded an Agreement for the Work. Bidder shall identify all disposal facilities (including landfill(s), transfer station(s), waste-to-energy facilities, etc.) it will use in the performance of the Work.

In addition to filling out the Form, for each facility Bidder shall provide the following:

- (a) A copy of the valid solid waste operating permit;
- (b) A copy of the insurance certificate for the Pollution Legal Liability Insurance carried by the facility;
- (c) For a landfill, proof of the funding mechanism used to guarantee closure and post-closure; and
- (d) A summary of the compliance history of the facility (NOVs, consent orders) for the past five years.

NOTE: If desired, Bidder may propose more disposal facilities than provided for in this Form. In such a case, Bidder should duplicate Page 2 of this Form, complete it for the additional disposal facility(ies) and attach the duplicated Page to this Form.

Disposal Facility 1

Name of Facility:			
Address of Facility:			
Name of Owner/Operator:			
Name of Facility Manager:		Telephone #:	
Name of Facility Environmental Manager:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer Station	
	<input type="checkbox"/> Resource Recovery Facility	<input type="checkbox"/> Volume Reduction Facility	
	<input type="checkbox"/> Other (Specify)		
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):	\$		
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:	Date Issued:
	Groundwater	No:	Date Issued:
	Air	No:	Date Issued:
		No:	Date Issued:

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		

Disposal Facility 2 (if applicable)

Name of Facility:			
Address of Facility:			
Name of Owner/Operator:			
Name of Facility Manager:		Telephone #:	
Name of Facility Environmental Manager:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer Station	
	<input type="checkbox"/> Resource Recovery Facility	<input type="checkbox"/> Volume Reduction Facility	
	<input type="checkbox"/> Other (Specify)		
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):		\$	
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:	Date Issued:
	Groundwater	No:	Date Issued:
	Air	No:	Date Issued:
		No:	Date Issued:

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		

Disposal Facility 3 (if applicable)

Name of Facility:			
Address of Facility:			
Name of Owner/Operator:			
Name of Facility Manager:		Telephone #:	
Name of Facility Environmental Manager:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer Station	
	<input type="checkbox"/> Resource Recovery Facility	<input type="checkbox"/> Volume Reduction Facility	
	<input type="checkbox"/> Other (Specify)		
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):		\$	
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:	Date Issued:
	Groundwater	No:	Date Issued:
	Air	No:	Date Issued:
		No:	Date Issued:

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		

Disposal Facility 4 (if applicable)

Name of Facility:					
Address of Facility:					
Name of Owner/Operator:					
Name of Facility Manager:		Telephone #:			
Name of Facility Environmental Manager:		Telephone #:			
Name of State Environmental Regulatory Contact:		Telephone #:			
Name of State Environmental Regulatory Contact:		Telephone #:			
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill		<input type="checkbox"/> Transfer Station		
	<input type="checkbox"/> Resource Recovery Facility		<input type="checkbox"/> Volume Reduction Facility		
	<input type="checkbox"/> Other (Specify)				
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):			\$		
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:		Date Issued:	
	Groundwater	No:		Date Issued:	
	Air	No:		Date Issued:	
		No:		Date Issued:	

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		

Disposal Facility 5 (if applicable)

Name of Facility:			
Address of Facility:			
Name of Owner/Operator:			
Name of Facility Manager:		Telephone #:	
Name of Facility Environmental Manager:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer Station	
	<input type="checkbox"/> Resource Recovery Facility	<input type="checkbox"/> Volume Reduction Facility	
	<input type="checkbox"/> Other (Specify)		
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):		\$	
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:	Date Issued:
	Groundwater	No:	Date Issued:
	Air	No:	Date Issued:
		No:	Date Issued:

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		

Disposal Facility 6 (if applicable)

Name of Facility:			
Address of Facility:			
Name of Owner/Operator:			
Name of Facility Manager:		Telephone #:	
Name of Facility Environmental Manager:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill	<input type="checkbox"/> Transfer Station	
	<input type="checkbox"/> Resource Recovery Facility	<input type="checkbox"/> Volume Reduction Facility	
	<input type="checkbox"/> Other (Specify)		
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):		\$	
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:	Date Issued:
	Groundwater	No:	Date Issued:
	Air	No:	Date Issued:
		No:	Date Issued:

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		

Disposal Facility 7 (if applicable)

Name of Facility:			
Address of Facility:			
Name of Owner/Operator:			
Name of Facility Manager:		Telephone #:	
Name of Facility Environmental Manager:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Name of State Environmental Regulatory Contact:		Telephone #:	
Type of Facility: (Check appropriate box)	<input type="checkbox"/> Landfill		<input type="checkbox"/> Transfer Station
	<input type="checkbox"/> Resource Recovery Facility		<input type="checkbox"/> Volume Reduction Facility
	<input type="checkbox"/> Other (Specify)		
Amount of Pollution Legal Liability Insurance Carried by Facility (Provide copy of insurance certificate):		\$	
Permits Held by Facility (enter "N/A" if not applicable) (Provide copy of valid solid waste operating permit):	Solid Waste	No:	Date Issued:
	Groundwater	No:	Date Issued:
	Air	No:	Date Issued:
		No:	Date Issued:

If the Disposal Facility is a Landfill, please answer the following questions:

	Yes	No
Is the Landfill on the CERCLIS or National Priorities List?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Landfill constructed with a synthetic base liner?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a leachate collection system?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a groundwater monitoring program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Landfill have a gas collection system?	<input type="checkbox"/>	<input type="checkbox"/>
If the Landfill has a gas collection system, is the gas used to generate electricity?	<input type="checkbox"/>	<input type="checkbox"/>
Have any environmental investigations (including Phase I, II or III reports) been performed at the Landfill?	<input type="checkbox"/>	<input type="checkbox"/>
Has the owner/operator or the Landfill received a notice of potential liability from EPA or the state identifying the owner as a potentially responsible party under CERCLA or any similar state law?	<input type="checkbox"/>	<input type="checkbox"/>
How much is the estimated cost for facility closure?	\$	
How much is the estimated cost for facility post-closure monitoring and maintenance?	\$	
What funding mechanism is used to guarantee closure and post-closure activities?		



BID PRICE FORM

In the following table(s), Bidder shall provide the following information related to the Bidder's Bid Price for Transportation of Export MSW for each disposal facility selected by the Bidder:

- (a) The distance in miles from the Disposal Facility to the Mid-Connecticut Project MSW Management Facility from which Bidder proposes to provide export Work;
- (b) The transportation price per ton for which Bidder proposes to export such MSW, assuming that the price per gallon of fuel is **\$2.746**; and
- (c) The percentage of the transportation price per ton that is attributable to fuel costs.

A Bidder will only be considered for providing MSW export transportation and disposal work for those facilities for which it has provided the requested information. Bidder is not required to propose to provide MSW export transportation and disposal work for each Mid-Connecticut Project MSW Management Facility. Bidder may propose to provide such work from one or more such Facilities.

When CRRA needs to export MSW, CRRA will contact one or more of the successful bidders and obtain from each of them their then current disposal price for the MSW to be exported. The disposal price provided by a successful bidder will be combined with the then current transportation price for that successful bidder to determine the cost to CRRA for having that successful bidder dispose of the MSW to be exported.

As detailed in **Exhibit B** of the Agreement, the then current transportation price will be determined on a semi-annual basis (July 1st and January 1st) by adjusting the fuel portion of the Bidder's transportation price (the Bidder's "Bid Price Per Ton for Transportation" multiplied by the Bidder's "Percentage of 'Bid Price Per Ton for Transportation' Represented by Fuel Cost") to reflect increases/decreases in the cost of fuel. The base price for the fuel adjustment shall be \$2.746, the September 2009 price of fuel specified by the U.S. Department of Labor, Bureau of Labor Statistics for Northeast Urban Automotive Diesel Fuel (Series ID Number APU010074717). This is the "Bid Fuel Price" in the formula in **Exhibit B**.

NOTE: If desired, Bidder may propose more disposal facilities than provided for in this Form. In such a case, Bidder should duplicate Page 2 of this Form, complete it and attach the Page to this Form.

Disposal Facility 1 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Disposal Facility 2 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Disposal Facility 3 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Disposal Facility 4 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Disposal Facility 5 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Disposal Facility 6 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Disposal Facility 7 (identify)	
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Mid-Connecticut Project MSW Management Facility	Miles from MSW Management Facility to Disposal Facility	Assumed Per Gallon Price of Fuel	Bid Price Per Ton for Transportation	Percentage of "Bid Price Per Ton for Transportation" Represented by Fuel Cost
Mid-Connecticut RRF		\$2.746	\$ Per Ton	%
Ellington TS		\$2.746	\$ Per Ton	%
Essex TS		\$2.746	\$ Per Ton	%
Torrington TS		\$2.746	\$ Per Ton	%
Watertown TS		\$2.746	\$ Per Ton	%

Bidder affirms that the Bid prices above, as such prices may be adjusted pursuant to **Exhibit B** of the Agreement, represent the entire cost to complete the transportation portion of the Work in accordance with the Contract Documents, and that no claim will be made on account of any increase in wage scales, material prices, delivery delays, taxes, insurance, cost indexes or any other rates affecting the transportation portion of the Work, and that each and every such claim is hereby expressly waived by Bidder.

Name of Bidder (Firm):	
Signature of Bidder Representative:	
Name (Type/Print):	
Title:	
Date:	

EXHIBIT B

FUEL PRICE ADJUSTMENT

The fuel prices, as specified in **Exhibit A**, "Removal And Transportation Prices," will be adjusted semi-annually based on the following formula to reflect (100%) of the semiannual change in the Northeast Urban Automotive Diesel Fuel (Series ID Number APU010074717) as published monthly by the U.S. Department of Labor, Bureau of Labor Statistics.

FORMULA:

Adjusted Fuel Price = Bid Fuel Price x (CPI Current Fuel Price / CPI Fuel Base Price)

HYPOTHETICAL EXAMPLE:

Contract Date	=	January 1, 2010
Bid Fuel Price	=	\$2.746
CPI Rate for January 2010	=	2.955
CPI Rate for July 2010	=	3.235
Fuel Price	=	2.746 x (3.235 / 2.955)
Adjusted Fuel Price	=	\$3.006