

RESOLUTION AWARDING QUOTATIONS AND AUTHORIZING THE DEPARTMENT OF PLANNING AND DEVELOPMENT TO ENTER INTO AN AGREEMENT WITH BOCZAR EXCAVATING LLC FOR HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS), WATER POLLUTION CONTROL LOAN FUND (WPCLF)

WHEREAS, On October 12, 2023 quotes were received to install a septic system for the HSTS program under the Department of Planning and Development, as follows:

Contractor	Date solicited	Method	Date Received	Quotation Received
				1204 State Rt. 307 W.
Boczar Excavating LLC	10/3/2023	Pick Up	10/12/2023	\$ 16,340.00
Kapalin Inc.	10/3/2023	Pick Up	10/12/2023	\$ 17,450.00
Daughters Excavating Co. LLC	10/3/2023	Email	10/12/2023	\$ 17,730.00
JC Hauling & Excavating	10/3/2023	Email		
Lake Erie Dirt Worx and More LLC	10/3/2023	Email		
The Potters Company	10/3/2023	Email		

WHEREAS, Jake Brand, Director of the Dept. of Planning and Development has recommended to award the quote and requests permission to enter into agreements (after receiving OEPA approval) with Boczar Excavating LLC, Jefferson OH, as follows:

HSTS Applicant	Total Contract	Homeowner Share	HSTS Share
Samantha Szoka-1204 State. Rt. 307 W. Jefferson 44040	\$16,340.00	\$00.00	\$16,340.00

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio, that the quote is awarded to Boczar Excavating LLC and the Department of Planning and Development is authorized to enter into agreements in accordance with the copies now on file.

BE IT FURTHER RESOLVED, Jake Brand, as Director of the Planning and Development Department is authorized to sign all documents related to these agreements.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2023-516

October 17, 2023

RESOLUTION AWARDING QUOTATIONS AND AUTHORIZING THE DEPARTMENT OF PLANNING AND DEVELOPMENT TO ENTER INTO AN AGREEMENT WITH BOCZAR EXCAVATING LLC FOR HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS), WATER POLLUTION CONTROL LOAN FUND (WPCLF)

Upon the motion of J.P. Ducro IV, seconded by Kathryn L. Whittington.

VOTE:

Casey R. Kozlowski	Aye
Kathryn L. Whittington	Aye
J.P. Ducro IV	Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

2022 HSTS Solicitation
Ashtabula County Planning and Development

Contractor	Date solicited	Method	Date Received	Quotation Received
				1204 State Rt. 307 W.
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JC Hauling & Excavating	10/3/2023	Email		
Lake Erie Dirt Worx and More LLC	10/3/2023	Email		
The Potters Company	10/3/2023	Email		

Quote Summary

Name: Szoka Properties Quoted On: 1204 State Rt. 307 W

Request for quotes sent: 10/3/2023 Quote Open Date: 10/12/2023

Name of Contractor Who Quoted: **Dana Daughters Excavating Co. LLC.** Maximum Quote \$50,000.00

Szoka- 1204 State Rt. 307 W	\$	17,730.00
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Total	\$	17,730.00
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Kapalin Inc.

Szoka- 1204 State Rt. 307 W	\$	17,450.00
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	\$	17,450.00
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Total

Boczar Excavating LLC

Szoka- 1204 State Rt. 307 W	\$	16,340.00
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Total	\$	16,340.00
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The Potters Company

Szoka- 1204 State Rt. 307 W		NO Bid
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Total	\$	-
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Lake Erie Dirt Worx and More LLC

Szoka- 1204 State Rt. 307 W		NO Bid
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Total	\$	-
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Holbrook's Sewer & Excavating

Szoka- 1204 State Rt. 307 W		NO Bid
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Total	\$	-
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Quote Summary

JC Hauling & Excavating Co. LLC

Szoka- 1204 State Rt. 307 W

NO Bid

Total

\$ -

Apparent Lowest Bidder: Boczar Excavating LLC

Amount of Quote: \$16,340

Comments:



Request for Quote-Septic System Installer

Ashtabula County has received an OEPA HSTS WPCLF award to assist income qualified homeowners with replacement of failing septic systems. Ashtabula County Department of Planning and Development has qualified applicants and secured professionals to evaluate the soils and design appropriate systems for each applicant. Ashtabula County will be paying for services for the qualifying home-owners.

Ashtabula County is seeking qualified septic system installers to install replacement systems for the following applicants using the system provided in the plans and specifications.

- Samantha Szoka- 1204 State Rt. 307 W, Jefferson OH 44047

Scope of Work: Using the Plans & Specifications provided obtain permit from Ashtabula County Health Department and install the replacement system as designed.

Per the terms of the HSTS WPCLF program, Ashtabula County will enter into a contract with the selected septic system installer who will need to provide all appropriate information in the attached contract.

Time Period: All work must be complete by 12/1/2023.

Quote Information

Quotes must be received by **October 12, 2023 by 4:00 PM**

Please send the quote information via email to: snjammal@ashtabulacounty.us or fax to 440-576-2758.

Quotes can also be dropped off to the Office of Planning and Development, 25 West Jefferson St.

Company: BOGZAR EXCAVATING

Name: KEN BOGZAR

Signature: K Bogzar

Address: 765 NICKOR RD.

City: JEFFERSON State: OHIO Zip code: 44047

Phone: 440-576-2836

Email: _____

Provide the approximate number of septic system installations in Ashtabula County conducted in last 2 years 48.

HSTS

Samantha Szoka
1204 State Rt. 307 W
Jefferson OH 44047
440-858-7927

ITEM	QTY	UNIT	COST
Mobilization/Demobilization	1	LS	
J-Jet 500 Aeration Tank w/ UV Light	1	EA	
4" PVC SCH 40 Pipe	91	LF	
4" PVC 40 Fittings	10	EA	
4" Cleanout (LS)	1	EA	
Effluent Filter	1	EA	
12" D-Box & Extension Sampling Port	1	EA	
ODOT No. 57 Stone Protection Outlet	1	EA	
Demolish & Dispose Existing Tank	1	LS	
LABOR			
Permits			
TOTAL			

QUANTITIES ARE APPROXIMATE \$ 16,340⁰⁰

I will begin the work within _____ consecutive calendar days from the date of the Contract Award Proceed Order and will complete the work in _____ days from the date of the proceed order, unless otherwise agreed by the Owner and approved by the agency.



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
00513602

Period Specified Below
07/01/2023 to 07/01/2024

BOCZAR EXCAVATING LLC
765 HICKOK RD
JEFFERSON OH 44047-9603



www.bwc.ohio.gov
Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/03/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Glazier Insurance Agency, Inc. 41 Wall St Jefferson OH 44047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Dina Coates, CISR, CSRM</td> </tr> <tr> <td>PHONE [A/C, No, Ext]: (440) 576-2921 106</td> <td>FAX [A/C, No]: (440) 576-9267</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: DCoates@glazierins.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Westfield Insurance</td> <td>NAIC # 24112</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Dina Coates, CISR, CSRM		PHONE [A/C, No, Ext]: (440) 576-2921 106	FAX [A/C, No]: (440) 576-9267	E-MAIL ADDRESS: DCoates@glazierins.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Westfield Insurance	NAIC # 24112	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED Boczar Excavating LLC 765 Hickok Road Jefferson OH 44047																					

COVERAGES **CERTIFICATE NUMBER:** CL233306387 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR \$500 Property Damage Deductible per claim GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CWP1605729	04/04/2023	04/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 XCU Included \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CWP1605729	04/04/2023	04/04/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CWP1605729	04/04/2023	04/04/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Ashtabula County Building Dept. 25 West Jefferson Street Jefferson OH 44047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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