

All Webb's Enterprises Response

Pricing unsealed at Jan 15, 2026 9:32 AM

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CONTACT INFORMATION

Company

All Webb's Enterprises



No Reviews

Email

ray@allwebbs.com

Contact

Ray Hernandez

Address

309 Commerce Way

Jupiter, FL 33458-5527

Phone

(770) 314-1656

Website

N/A

Submission Date

Jan 14, 2026 5:36 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Jan 14, 2026 4:29 PM by Ray Hernandez

Addendum #2

Confirmed Jan 14, 2026 4:29 PM by Ray Hernandez

Addendum #3

Confirmed Jan 14, 2026 4:29 PM by Ray Hernandez

Addendum #4

Confirmed Jan 14, 2026 4:29 PM by Ray Hernandez

QUESTIONNAIRE

1. Bidder's legal name of firm, entity or organization and Federal Employer Identification Number (FEIN).**

Pass Fail

All Webb's Enterprises, Inc

2. Please provide the address to your firm's principal place of business, If different than the address in your firm's vendor profile.

Pass Fail

309 Commerce Way Jupiter, Florida, 33458

3. Please provide the name, phone number and email address for the your firm's primary contact for this solicitation.*

Pass Fail

Lucas Scott - (786) 282-1691

4. Bidder's organization structure.*

Pass Fail

S-Corporation

5. List names of Bidder's subcontractors and/or subconsultants for this project.

Pass Fail

None

6. Bidder shall provide a State of Florida Water Well Contractor's License from one of the five (5) state regional water management districts (WMD), pursuant to state statute. *

Pass Fail

[JR_Water_Well_License.pdf](#)

7. Bidder shall upload a minimum of five (5) mechanical integrity testing projects, including packer pressure tests to at least 2,800 feet, as defined in the Florida Administrative Code, Chapter 62-528, within the past five (5) years. Bidder shall list these five projects on the Bidder's Reference Form. References may be verified by the City.*

Pass Fail

Please download the below documents, complete, and upload.

- [Experience_Qualification_Reference_Form.pdf](#)

[MIT_references.pdf](#)

8. Provide a detailed description of the nature and status of any pending or completed litigation, claims made, contract disputes or defaults and liens arising in regard to your company's performance of any services arising within the last five years from the due date of this solicitation. If not applicable, please enter N/A.*

Pass Fail

N/a

9. Americans with Disabilities Act (ADA) Disability Nondiscrimination Statement*

Pass Fail

Please download the document below, complete, and upload.

- [ADA_Nondiscrimination_Statement.pdf](#)

[Americans_WDA.pdf](#)

10. Business Entity Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [BUSINESS_ENTITY_AFFIDAVIT.pdf](#)

[Business_Entity_Form.pdf](#)

11. Certification Regarding Debarment Suspension Etc*

Pass Fail

Please download the document below, complete, and upload.

- [Certification_Regarding_Debarment_Suspension_Etc.pdf](#)

[Certification_Regarding.pdf](#)

12. Domestic Partnership Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [Domestic_Partnership_Affidavit.pdf](#)

[Domestic_Partnership_Form.pdf](#)

13. Drug free Workplace Certificate*

Pass Fail

Please download the document below, complete, and upload.

- [Drug_free_Workplace_Certificate.pdf](#)

[Drug_Free.pdf](#)

14. Employee Background Verification Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [Employee_Background_Verification_Affidavit.pdf](#)

[Employee_Background.pdf](#)

15. E-Verify Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [E-Verify_Affidavit_Form_202101121327327786.pdf](#)

[E-Verify.pdf](#)

16. Foreign (Non-Florida) Corporation Form*

Pass Fail

Please download the document below, complete, and upload.

- [Foreign_\(Non-Florida\)_Corporation_Form.pdf](#)

[Foreign_Country.pdf](#)

17. Foreign Country of Concern Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [Foreign_Country_of_Concern_Affidavit.pdf](#)

[FCoC.pdf](#)

18. Non-Collusion Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [Non-Collusion_Affidavit.pdf](#)

[Non-Collusion.pdf](#)

19. Non-Conflict of Interest*

Pass Fail

Please download the document below, complete, and upload.

- [Non-Conflict_of_Interest.pdf](#)

[Non-Conflict.pdf](#)

20. Ownership Disclosure Affidavit*

Pass Fail

Please download the document below, complete, and upload.

- [OWNERSHIP_DISCLOSURE_AFFIDAVIT.pdf](#)

[Ownership.pdf](#)

21. Proof of Workers Compensation Insurance*

Pass Fail

Please download the document below, complete, and upload.

- [Sample_Certificate_of_Insurance.pdf](#)

[Mitsubishi_HC_Capital_America, Inc. All Webb's Enterprises, Inc 25-26 EPI Misubishi #2560 11-14-2025_442707094.pdf](#)

22. Proof of Workers Compensation or Exemption*

Pass Fail

Please download the document below, complete, and upload.

- [Proof_of_Workers_Compensation_or_Exemption.pdf](#)

[City_of_Cooper_City, Florida All Webb's Enterprises Inc 2025-2026 ALL 10-30-2025_1885457309.pdf](#)

23. Public Entity Crimes*

Pass Fail

Please download the document below, complete, and upload.

- [Public_Entity_Crimes.pdf](#)

[Public_Crimes.pdf](#)

24. Scrutinized Companies Affidavit*

Pass Fail

Please download the below documents, complete, and upload.

- [Scrutinized_Companies_Affidavit.pdf](#)

[Scrutinized.pdf](#)

25. W9*

Pass Fail

Please download the document below, complete, and upload.

- [W-9.pdf](#)

[AWE_W-9.pdf](#)

26. Summary of Documents to be submitted with Bid*

Pass Fail

The following documents have been uploaded and submitted with bid.

W-9, Request for Taxpayer Identification Number

Proof of Workers' Compensation Insurance or Exemption

Proof of Liability Insurance

A copy of active/valid State of Florida Water Well Contractor's License from one of the five (5) state regional water management districts (WMD), pursuant to state statute.

A minimum of five (5) mechanical integrity testing projects, including packer pressure tests to at least 2,800 feet, as defined in the Florida Administrative Code, Chapter 62-528, within the past five (5) years.

Americans with Disabilities Act (ADA) Disability Non-Discrimination Statement

Business Entity Affidavit

Drug-Free Workplace Certificate

Employee Background Verification Affidavit

Domestic Partnership Affidavit

Certification Regarding Debarment Suspension

Foreign (Non-Florida) Corporation Form

Foreign Country of Concern Affidavit

E-Verify Form Pursuant to Section 448.095, Florida Statutes

Non-Collusion Affidavit

Non-Conflict of Interest Statement Proof of Liability Insurance

Ownership Disclosure Affidavit

Public Entity Crimes (PEC) Form

Scrutinized Companies Affidavit

27. The undersigned hereby certifies that this Bid is submitted in response to this Solicitation and that Bidder agrees to the terms and conditions listed within.*

Pass Fail

Confirmed

PRICE TABLES

- [Export to Excel](#)
- [Export to CSV](#)

Drag here to set row groups

Drag here to set column labels

Line Item

Description

Quantity

Unit of Measure

Unit Cost

Total

1

Injection Well IW-1
 Mechanical Integrity Test (The City will add a 10% contingency to the Bidder's pricing. No contingency work shall be performed, and no costs shall be incurred, without prior written authorization from the City. The contingency account is for City-directed changes or unanticipated site conditions.)

1

Lumpsum

\$63,000.00

\$63,000.00

**STATE OF FLORIDA
WATER WELL CONTRACTOR LICENSE**

Issued to
David Webb

License No. 11342 Expires 7/31/2027

DISTRICT CERTIFICATION OFFICER

References and Prior Experience (Prime Contractor)

Bidder Company Name: All Webbs Enterprises, Inc

PROJECT NAME: MIT Well IW-1 & IW-2

Owner/Reference Name: Peninsula Hydro Group

Owner/Reference Contact: Jim McGrath / 321-594-9405

Project Location: Palm Bay

Project Description: Perform 2 mechanical integrity tests on deep well IW-1 and IW2 to comply with deep well discharge permit

Was the Bidder Prime Contractor or Subcontractor? Prime

List project scope similarities: Mechanical Integrity Tests

Project Cost: Initial Contract Value \$ 154,000
 Change Orders \$ 0
 Final Contract Value \$ 154,000

References and Prior Experience (Prime Contractor)

Bidder Company Name: All Webbs Enterprises, Inc

PROJECT NAME: SUA Class I Injection Well

Owner/Reference Name: Holtz Consulting Engineers

Owner/Reference Contact: Harrison Barron

Project Location: PGA

Project Description: Perform mechanical integrity tests, The project is located in the Town of Jupiter at the
Water Treatment Facility and in Unincorporated Palm Beach County along the C-18 Canal adjacent to Palm
Beach Country Estates.

Was the Bidder Prime Contractor or Subcontractor? Prime

List project scope similarities: Mechanical Integrity Test

Project Cost: Initial Contract Value \$ 62,240
 Change Orders \$ 0
 Final Contract Value \$ 62,240

Explain Reason(s) for Change Orders: N/a

Project Timeline: Start Date 10/29/2024

Contract Time Extension 0 calendar days

Completion Date 2/28/2025

Explain Reason(s) for Time Extension: N/a

Owner/Contact: Harrison Barron

Name	Title
Telephone: () <u>561-889-5848</u>	Fax: () _____
	E-Mail: <u>harrison.barron@holtzconsulting.com</u>

References and Prior Experience (Prime Contractor)

Bidder Company Name: All Webbs Enterprises, Inc

PROJECT NAME: SUA Class I Injection Well HRIW-1

Owner/Reference Name: Holtz Consulting Engineers

Owner/Reference Contact: Harrison Barron

Project Location: Palm Beach Gardens

Project Description: Perform mechanical integrity tests

Was the Bidder Prime Contractor or Subcontractor? Prime

List project scope similarities: Mechanical Integrity Test

Project Cost: Initial Contract Value \$ 34,980
 Change Orders \$ 0
 Final Contract Value \$ 34,980

Explain Reason(s) for Change Orders: N/a

Project Timeline: Start Date 10/28/2024

Contract Time Extension 0 calendar days

Completion Date 2/28/2025

Explain Reason(s) for Time Extension: N/a

Owner/Contact: Harrison Barron

Name	Title
Telephone: () <u>561-889-5848</u>	Fax: () <u>N/a</u>
	E-Mail: <u>harrison.barron@holtzconsulting.com</u>

Explain Reason(s) for Change Orders: N/a

Project Timeline: Start Date 3/22/2024

Contract Time Extension 0 calendar days

Completion Date 11/6/2024

Explain Reason(s) for Time Extension: N/a

Owner/Contact: Jason Mills

Name

Title

Telephone: () 321-689-0324 Fax: () _____ E-Mail: millsjm@cdmsmith.com

References and Prior Experience (Prime Contractor)

Bidder Company Name: All Webbs Enterprises, Inc

PROJECT NAME: Tropicana Injection Well MIT

Owner/Reference Name: Peninsula Hydro Group

Owner/Reference Contact: Jim McGrath

Project Location: Fort Pierce

Project Description: Perform mechanical integrity tests

Was the Bidder Prime Contractor or Subcontractor? Prime

List project scope similarities: Mechanical Integrity Tests

Project Cost: Initial Contract Value \$ 91,000
 Change Orders \$ 0
 Final Contract Value \$ 91,000

Explain Reason(s) for Change Orders: N/a

Project Timeline: Start Date 1/3/9/24

Contract Time Extension 0 calendar days

Completion Date 7/23/24

Explain Reason(s) for Time Extension: N/a

Owner/Contact: Jim McGrath

Name	Title
Telephone: () <u>321-594-9405</u>	E-Mail: <u>mcgrath@peninsulahydrogroup.com</u>
Fax: () _____	

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>All Webb's Enterprises, Inc</p> <p>2 Business name/disregarded entity name, if different from above.</p>
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>309 Commerce Way</p> <p>6 City, state, and ZIP code</p> <p>Jupiter, FL 33458</p> <p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
5	9		2	4	1	8	7	6	4

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date <u>12-04-2025</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they