

**CITY OF CAPE CORAL
REQUEST FOR SOLE SOURCE/SINGLE SOURCE PURCHASE**

Requesting Department: Utilities / Water Reclamation 12/22/2025

Vendor Name: Aqua-Aerobic Systems, Inc. (Dominic Spears)

Address: 6306 N. Alpine Rd. Loves Park, IL 61111

Phone: (815) 654-2501 **E-Mail:** solutions@aqua-aerobic.com

Price: \$2,000,000.00 (Not to exceed budgetary limits)

Description of item to be procured:

Rehab of four (4) AquaABF® Automatic Backwash Filters at the Everest Water Reclamation Facility (EWRF).

1.) Uniqueness of vendor's item/service: How is this vendor uniquely qualified to provide the product/service:

The AquaABF® automatic backwash filters and all parts at EWRF are a proprietary designed sole source product. Manufactured, sold, and distributed exclusively by the original equipment manufacturer, Aqua-Aerobic Systems, Inc.

2. Market Research: Describe other, similar sources or products available in the market, if any, and why they are not acceptable:

Other wastewater filtration systems are available on the market that would work in place of the AquaABF. However, the AquaABF is a built-in place structure consisting of a multitude of internal components. To utilize another system at this time would require the demolition of the current AquaABF and a completely new system to be constructed in their place. At this time, it is far more cost effective to rehab the current AquaABF system than to replace.

3. Proposed Actions: Describe the actions the department will take to overcome the present barriers to competition for any future acquisition of this product or service:

We will continue to stay informed of advancements in emerging and available components, processes, and equipment capable of meeting the needs of Utilities and the Community and include evaluations of different manufacturer's products as appropriate for future projects.

Department Director's Signature:  **Date:** 1/7/26

Approval: Procurement Manager: _____ (not to exceed \$50,000) **Date:** _____

Approval: City Manager: _____ (not to exceed \$100,000.00) **Date:** _____

Council authorization required if exceeding \$100,000.00