

San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org Received On:03-11-2025 | 11:45:30 PDT

²⁵⁰⁰⁷⁵ File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4) A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers

1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Original				
AMENDMENT DESCRIPTION – Explain reason for amendment				

2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Bryan Dessau	ire	(415)205-8300
FULL DEPARTMENT	ΓΝΑΜΕ	DEPARTMENT CONTACT EMAIL
PUC	Project Management Bureau	bdessaure@sfwater.org

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
CDM Smith, Inc.	(925) 296-8024	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
2300 Clayton Road, Suite 950 Concord, CA 94520		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
3/4/2025		250075
DESCRIPTION OF AMOUNT OF CONTRACT		
NTE \$24,600,000		
NATURE OF THE CONTRACT (Please describe)		

In recent years, SFPUC's Sunol Valley Water Treatment Plant (SVWTP) has experienced more frequent taste and odor (T&O) events from seasonal algal blooms than had occurred historically. This project's objective is to install ozone treatment facilities as a long-term solution to control T&O events encountered in the raw water supply from both the San Antonio and Calaveras Reservoir sources. The scope of this project is to install a raw water ozonation system including the following major components: 10-inch through 66-inch diameter piping, elbows and valves; Concrete valve vaults; Ozone Generator Building; Electrical Building; Loop Cooling Water Systems; Cryogenic Oxygen Tank Systems; Liquid Oxygen Vaporizer Systems; Ozone Generators; Ozone Injector Systems; Ozone Contact Basin; Ozone Destruct Systems; Pre-chloramination Facilities for Bromate Control Instrumentation & Controls; Shop Space; Solar Panels; Standby Power Systems; High Voltage & Low Voltage El

7. COMMENTS

8. C(ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
x	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	wall/ CDM Smith	Timothy	CEO
2	Colling/ CDM Smith	Beth	C00
3	Echalar/ CDM Smith	Carlos	Other Principal Officer
4	Campbell/ CDM Smith	Graham	Other Principal Officer
5	Marcaccio/ CDM Smith	Mario	Other Principal Officer
6	Prescott/CDM Smith	Jennifer	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

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who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or
contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERK DocuSigned by:	03-11-2025 11:45:30 PDT