



**MALUHIA, A LONG TERM HEALTH CARE FACILITY
HAWAII HEALTH SYSTEMS CORPORATION**

January 8, 2026

TO: Interested Bidders

FROM: Todd Nordstrom
HHSC Representative,
CIP Coordinator, Oahu Region

SUBJECT: Addendum No. 4
IFB No. 25L-1126 Maluhia ADA Renovations

The items listed hereinafter are hereby made a part of the contract for the above project and shall the work, taking precedence over previously issued Plans and Specifications governing the items mentioned:

Addendum No.4 responses to questions received.

- 1. We are having an issue regarding the Laticrete Hydro Ban waterproofing shown on details 4/A015 and 6/A015. Hydro Ban is meant for ceramic tile flooring, so it is normally specified in Section 09310 and is applied by ceramic tile contractors. However, for this project Hydro Ban is specified in Section 07130. Our concern is that our ceramic tile contractors do not have the C-55 waterproofing license. We've reached out to a few waterproofing contractors and have already been turned down by one of them because they do not use this product. Will it be acceptable to NOT list a subcontractor with a C-55 license.**

Response: Per Kevin Coronas, the Technical Sales Representative for Hawaii, a C-55 waterproofing license is not required to install Laticrete Hydro Ban. His recommendation is to have Hydro Ban installed by a tile contractor.

- 2. In addition, we believe it may be necessary to apply a cementitious skim coat over the Hydro Ban for compatibility with the sheet vinyl adhesive but this is not shown on the details. Please verify if the skim coat will be required and provide a product selection(s).**

Response: To avoid any compatibility issues with Laticrete Hydro Ban waterproof membrane and the sheet vinyl flooring adhesive, over the cured Hydro Ban, apply a skim coat of either Laticrete MultiMax Lite 254 Platinum or Laticrete 254 Platinum Plus.

- 3. The Laticrete representative says that a 25-year warranty can only be provided if the flooring is ceramic tile. With the sheet vinyl flooring, they may be able to provide a 1-year warranty at best.**

Response: A 1-year product warranty will be provided.



**MALUHIA, A LONG TERM HEALTH CARE FACILITY
HAWAII HEALTH SYSTEMS CORPORATION**

Addendum No.4 revised Specifications.

**Appendix B - Bid Form (Page 14)
Revised in its entirety with the attached.**

Revisions are as follow: "Allowance: Include \$35,000 in bid to test and remove asbestos in drywall and joint compound." deleted in its entirety. Total Bid: (Base Bid, Additive Alternate 1, 2 & 3) added.

Section 02055 – SELECTIVE DEMOLITION AND REMOVAL

Section 1.02 Special Requirements, Paragraph C to be revised to the following:

- C. The project has been tested for hazardous materials including asbestos containing materials. The report prepared by Hawaii Analytical Laboratory dated 3/21/2023 is attached.

The following has been deleted in its entirety from Paragraph C:

"Contractor to include in his price allowance noted in Section 01900 Form of Proposal for testing of areas where drywall and joint compound are to be removed to perform work and removal of asbestos as necessary".

END OF ADDENDUM NO. 4



MALUHIA, A LONG TERM HEALTH CARE FACILITY HAWAII HEALTH SYSTEMS CORPORATION

APPENDIX B

IFB No. 25L-1126 Maluhia ADA Renovations

BID FORM

After carefully examining the bid documents, drawings and specifications identified above, the Bidder proposes to furnish at its own expense all necessary labor, materials, tools and equipment to complete the work according to the true intent and meaning of the drawings and specifications, all for the Sum of:

Base Bid: First Floor Therapy Room Toilet, Second Floor Makai Patient Rooms, Second Floor Dayroom Toilet and Third Floor Dayroom Toilet.

_____ DOLLARS (\$_____)

Additive Alternate 1: Second Floor Mauka Patient Rooms.

_____ DOLLARS (\$_____)

Additive Alternate 2: Third Floor Makai Patient Rooms.

_____ DOLLARS (\$_____)

Additive Alternate 3: Third Floor Mauka Patient Rooms.

_____ DOLLARS (\$_____)

Total Bid: (Base Bid, Additive Alternate 1, 2 & 3):

_____ DOLLARS (\$_____)

(Schedule of Values must be submitted with the Bid).

Respectfully Submitted:

Signature / Printed Name

Date

Title