

DATE: 9/25/2019

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BID NO.: 50-00127876

**BID FORM**  
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES X NO           

MAXIMUM ESCALATION PERCENTAGE REQUESTED 5 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 12 months from start of contract

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

5-7 days

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

N/A

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Chemrite, Inc.

ADDRESS: 5202 Belle Wood Court, Suite 104

CITY, STATE: Buford, GA

ZIP: 30043

TELEPHONE: (770 ) 271-5576

FAX: (770 ) 271-4068

EMAIL ADDRESS: sales@chemrite.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: # 1 - 10/7/2019

NUMBER:           

NUMBER:           

NUMBER:           

TOTAL PRICE OF ALL BID ITEMS: \$ 263,760

AUTHORIZED

SIGNATURE: 

Frank J. Opp

Printed Name

TITLE: President

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00127876

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	120.00	TN	<p>TWO (2) YEAR CONTRACT FOR THE SUPPLY OF ZINC SODIUM HEXAMETAPHOSPHATE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - WATER</p> <p><b>ZPP-9000</b></p> <p>0010 - ZINC SODIUM HEXAMETAPHOSPHATE (DELIVERED FREIGHT PREPAID IN 20 TON SHIPMENTS TO BOTH EASTBANK AND WESTBANK WATER TREATMENT PLANTS AS REQUIRED).</p> <p>DELIVERY LOCATIONS: EASTBANK PLANT - JEFFERSON, LA 70121 WESTBANK PLANT - MARRERO, LA 70072</p>	2198.00 / ton	\$ 263,760

**CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Chemrite, Inc.  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Chemrite, Inc.  
INCORPORATED, DULY NOTICED AND HELD ON October 8, 2019,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Frank J. Opp, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.

  
\_\_\_\_\_  
SECRETARY-TREASURER

10/9/2019  
\_\_\_\_\_  
DATE

## Non-Public Works Bid

## AFFIDAVIT

STATE OF GeorgiaPARISH/COUNTY OF Hall

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

Frank J. Opp, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of Chemrite, Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00127876, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose **A** or **B**, if option **A** is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

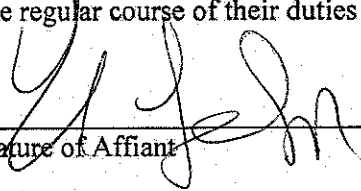
Choice B X There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

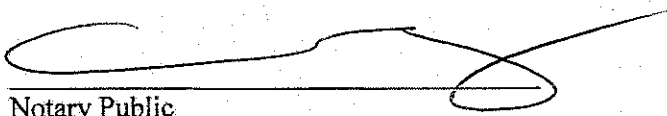
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

  
\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Frank J. Opp  
Printed Name of Affiant

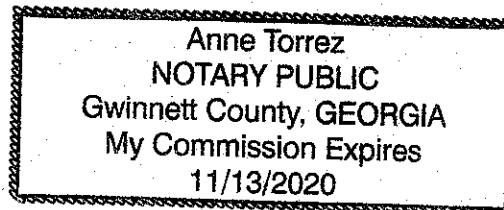
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 9th DAY OF October, 2019.

  
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Anne Torrez  
Printed Name of Notary

\_\_\_\_\_  
W-00301142  
Notary/Bar Roll Number



My commission expires November 13, 2020.



5202 Belle Wood Court · Suite 104 · Buford, GA 30518  
877.248.0017 ph · 770.271.4068 fax  
www.chemrite.com

Chemical Treatment, Equipment & Filtration

October 10, 2019

Jefferson Parish Purchasing Department  
General Government Building  
200 Derbigny Street  
Suite 4400  
Gretna, LA 70053

Re: Bid 50-00127876 – Zinc Sodium Hexametaphosphate

To All Concerned,

During the last year, Chemrite Inc. was making a transition due the purchase of another company and setting up new manufactures of raw materials. This transition delayed shipment of finished product to several of our customers, to include Jefferson Parish.

The administrative changes that were necessary are complete and the added suppliers have worked with Chemrite to make sure our supply of the needed raw materials are available on a timely basis. Therefore, Chemrite is in the position to make sure Jefferson Parish has the product Chemrite ZPP-9000 when requested.

We at Chemrite look forward doing business with Jefferson Parish if we are the successful bidder on this project.

Sincerely,

Frank J Opp  
President



# JEFFERSON PARISH

Department of Purchasing

Michael S. Yenni  
Parish President

Renny Simno  
Director

October 7, 2019

## ADDENDUM # 1

Bid No.: 50-00127876

Bid Opening Date: October 10, 2019, 2:00 pm

**For: TWO (2) YEAR CONTRACT FOR THE SUPPLY OF ZINC SODIUM HEXAMETAPHOSPHATE FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - WATER**

### ❖ CLARIFICATION OF SPECIFICATIONS:

#### QUESTIONS AND ANSWERS:

- Q1: Would delivery be acceptable in an enclosed trailer with the driver using a pallet jack to bring the pallets to the back of the truck? This would allow the waterworks personnel to use their forklift without boarding or entering the closed trailer to facilitate unloading.
- A1: Yes, an enclosed trailer where the driver would be responsible for using their own pallet jack to bring the pallets to the back of the truck and allow the Waterworks personnel to use our forklift will be acceptable. Waterworks personnel will not board or enter the enclosed trailer under any circumstances.
- Q2: Are you currently receiving the product in pails?
- A2: Yes, current product is delivered in pails.

Sincerely,

Melissa Ovalle

Melissa Ovalle, Buyer II  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form as indicated. Failure to do so will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**



The Public Health and Safety Organization

## NSF Product and Service Listings

These NSF Official Listings are current as of **Wednesday, October 09, 2019** at 12:15 a.m. Eastern Time. Please contact NSF to confirm the status of any Listing, report errors, or make suggestions.

Alert: NSF is concerned about fraudulent downloading and manipulation of website text. Always confirm this information by clicking on the below link for the most accurate information:

[http://info.nsf.org/Certified/PwsChemicals/Listings.asp?  
CompanyName=Chemrite+&TradeName=ZPP%2D9000&](http://info.nsf.org/Certified/PwsChemicals/Listings.asp?CompanyName=Chemrite+&TradeName=ZPP%2D9000&)

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### NSF/ANSI/CAN 60 Drinking Water Treatment Chemicals - Health Effects

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#### Chemrite, Inc.

5202 Belle Wood Court

Suite 104

Buford, GA 30518

United States

877-828-1652

770-271-5578

Visit this company's website

(<http://www.chemrite.com>)

**Facility : # 8 USA**

#### Zinc Polyphosphate[ZN]

*Trade Designation*

ZPP-9000

*Product Function*

Corrosion & Scale Control

*Max Use*

14mg/L

[ZN] Based on an evaluation of health effects data, the level of zinc in the finished drinking water shall not exceed 2.0 mg/L.

## ZPP-9000 Safety Data Sheet

## SECTION 1: IDENTIFICATION

## Product Identifier

Product Form: Mixture

Product Name: ZPP-9000

## Intended Use of the Product

Use of the Substance/Mixture: Corrosion Control, NSF Certified

## Name, Address, and Telephone of the Responsible Party

Company name: Chemrite, Inc.  
Address: 6202 Belle Wood Ct., Ste 104  
Buford, GA 30518 USA  
Telephone: 770-271-5576  
E-mail: info@chemrite.com  
Website: www.chemrite.com  
Contact person: Aaron Opp  
Emergency Telephone: For Hazardous Materials (or Dangerous Goods) Incidents ONLY  
(spill, leak, fire, exposure or accident), call CHEMTREC at CHEMTREC\*,  
USA: 001 (800) 424-9300  
CHEMTREC\*, Canada: 001 (709) 527-3887

## SECTION 2: HAZARDS IDENTIFICATION

## Classification of the Substance or Mixture

Classification (GHS-US)

Comb. Dust: H332

Eye Dam. 1: H318

Aquatic Acute 1: H400

Aquatic Chronic 2: H411

Full text of H-phrases: see section 16

## Label Elements

GHS-US Labeling

Hazard Pictograms (GHS-US)



Signal Word (GHS-US)

Hazard Statements (GHS-US)

: Danger  
: H332 - May form combustible dust concentrations in air  
: H318 - Causes serious eye damage  
: H400 - Very toxic to aquatic life  
: H411 - Toxic to aquatic life with long lasting effects

Precautionary Statements (GHS-US)

: P273 - Avoid release to the environment.  
: P260 - Wear protective gloves, protective clothing, and eye protection.  
: P305+P351+P338 - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
: P310 - Immediately call a poison center or doctor.  
: P391 - Collect spillage.  
: P501 - Dispose of contents/container in accordance with local, regional, national, territorial, provincial, and international regulations.

## Other Hazards

Other Hazards Not Contributing to the Classification: Exposure may aggravate those with pre-existing eye, skin, or respiratory conditions. May form combustible dust concentrations in air.

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## ZPP-9000 Safety Data Sheet

## Unknown Acute Toxicity (GHS-US)

34.9 percent of the mixture consists of ingredient(s) of unknown acute toxicity

## SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

Name	Product Identifier	% (w/w)	Classification (GHS-US)
Sodium polyphosphate	(CAS No) 68915-32-1	60 - 100	Comb. Dust
Zinc sulfide	(CAS No) 7733-02-0	10 - 30	Acute Tox. 4 (Oral), H302 Eye Dam. 1, H318 Aquatic Acute 1, H400 Aquatic Chronic 1, H410
Sodium bisulfate	(CAS No) 7661-98-1	7 - 13	Eye Dam. 1, H318

Full text of H-phrases: see section 16

\* The specific chemical identity and/or exact percentage of composition have been withheld as a trade secret within the meaning of the OSHA Hazard Communication Standard [29 CFR 1910.1200].

\*\* A range of concentration as prescribed by Controlled Products Regulations has been used where necessary, due to varying composition.

## SECTION 4: FIRST AID MEASURES

## Description of First Aid Measures

General: Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice (show the label if possible).  
Inhalation: Remove to fresh air and keep at rest in a position comfortable for breathing. Obtain medical attention if breathing difficulty persists.

Skin Contact: Remove contaminated clothing. Gently wash with plenty of soap and water followed by rinsing with water for at least 15 minutes. Call a POISON CENTER or doctor/physician if you feel unwell. Wash contaminated clothing before reuse.

Eye Contact: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for at least 60 minutes. Immediately call a POISON CENTER or doctor/physician.

Ingestion: Do NOT induce vomiting. Rinse mouth. Immediately call a POISON CENTER or doctor/physician.

Most Important Symptoms and Effects Both Acute and Delayed General: Causes serious eye damage.

Inhalation: Dust may cause severe irritation to the mouth, throat, and lungs.

Skin Contact: Skin contact with large amounts of dust may cause mechanical irritation.

Eye Contact: Causes serious eye damage. Symptoms may include: Redness, pain, swelling, itching, burning, tearing, and blurred vision.

Ingestion: Ingestion is likely to be harmful or have adverse effects.

Chronic Symptoms: None expected under normal conditions of use.

## SECTION 5: FIRE-FIGHTING MEASURES

## Extinguishing Media

Suitable Extinguishing Media: Use extinguishing media appropriate for surrounding fire.

Unsuitable Extinguishing Media: Do not use a heavy water stream. Use of heavy stream of water may spread fire.

## Special Hazards Arising From the Substance or Mixture

Fire Hazard: Not considered flammable but may burn at high temperatures.

Explosion Hazard: Accumulation and dispersion of dust with an ignition source can cause a combustible dust explosion. Keep dust levels to a minimum and follow applicable regulations.

Reactivity: Hazardous reactions will not occur under normal conditions.

## Advice for Firefighters

Precautionary Measures Fire: Exercise caution when fighting any chemical fire.

Firefighting Instructions: Use water spray or fog for cooling exposed containers.

Protection During Firefighting: Do not enter fire area without proper protective equipment, including respiratory protection.

Hazardous Combustion Products: Sodium oxides. Oxides of zinc.

Other Information: Refer to Section 9 for flammability properties.

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## ZPP-9000 Safety Data Sheet

## Reference to Other Sections

Refer to section 9 for flammability properties.

## SECTION 6: ACCIDENTAL RELEASE MEASURES

## Personal Precautions, Protective Equipment and Emergency Procedures

General Measures: Avoid all contact with skin, eyes, or clothing. Avoid breathing dust.

## For Non-Emergency Personnel

Protective Equipment: Use appropriate personal protection equipment (PPE).

Emergency Procedures: Evacuate unnecessary personnel.

## For Emergency Personnel

Protective Equipment: Equip cleanup crew with proper protection.

Emergency Procedures: Stop leak if safe to do so. Ventilate area. Eliminate ignition sources.

## Environmental Precautions

Prevent entry to sewers and public waters. Notify authorities if liquid enters sewers or public waters.

## Methods and Material for Containment and Cleaning Up

For Containment: Contain and collect as any spill.

Methods for Cleaning Up: Clean up spills immediately and dispose of waste safely. Contact competent authorities after a spill. Take up mechanically (sweeping, shoveling) and collect in suitable container for disposal. Utilize a dust suppressant when removing mechanically. Minimize generation of dust.

## Reference to Other Sections

See Heading 8. Exposure controls and personal protection. For further information refer to section 13.

## SECTION 7: HANDLING AND STORAGE

## Precautions for Safe Handling

Additional Hazards When Processed: Dust generated from processing may present a dust explosion hazard. Where excessive dust may result, use approved respiratory protection equipment.

Hygiene Measures: Handle in accordance with good industrial hygiene and safety procedures. Wash hands and other exposed areas with mild soap and water before eating, drinking or smoking and when leaving work.

## Conditions for Safe Storage, Including Any Incompatibilities

Technical Measures: Comply with applicable regulations.

Storage Conditions: Store in a dry, cool and well-ventilated place. Keep container closed when not in use. Keep/Store away from direct sunlight, extremely high or low temperatures and incompatible materials.

Incompatible Materials: Strong acids. Strong bases. Strong oxidizers.

## Specific End Use(s)

No use is specified.

## SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

## Control Parameters

For substances listed in section 3 that are not listed here, there are no established Exposure limits from the manufacturer, supplier, importer, or the appropriate advisory agency including: ACGIH (TLV), NIOSH (REL), OSHA (PEL), Canadian provincial governments, or the Mexican government.

## Exposure Controls

Appropriate Engineering Controls: Ensure adequate ventilation, especially in confined areas. Emergency eye wash fountains and safety showers should be available in the immediate vicinity of any potential exposure. Ensure all national/local regulations are observed.

Personal Protective Equipment: Protective goggles. Gloves. Protective clothing. Dust formation: dust mask.

Materials for Protective Clothing: Acid-resistant clothing.

Hand Protection: Wear chemically resistant protective gloves.

Eye Protection: Chemical safety goggles.

Skin and Body Protection: Wear suitable protective clothing.

Respiratory Protection: In case of insufficient ventilation, wear suitable respiratory equipment.

Environmental Exposure Controls: Do not allow the product to be released into the environment.

Consumer Exposure Controls: Do not eat, drink or smoke during use

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## ZPP-9000 Safety Data Sheet

## SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

## Information on Basic Physical and Chemical Properties

Physical State	: Solid
Appearance	: White powder
Odor	: None
Odor Threshold	: Not available
pH	: 2 - 3 (1% Solution)
Melting Point	: Not available
Freezing Point	: Not available
Boiling Point	: Not available
Flash Point	: Not available
Auto-ignition Temperature	: Not applicable
Decomposition Temperature	: Not applicable
Flammability (solid, gas)	: Not applicable
Lower Flammable Limit	: Not applicable
Upper Flammable Limit	: Not applicable
Vapor Pressure	: Not available
Relative Vapor Density at 20 °C	: Not available
Relative Density	: Not available
Specific Gravity	: Not available
Solubility	: Soluble in water
Partition Coefficient: N-Octanol/Water	: Not available
Viscosity	: Not available
Explosion Data - Sensitivity to Mechanical Impact	: Not expected to present an explosion hazard due to mechanical impact.
Explosion Data - Sensitivity to Static Discharge	: Not expected to present an explosion hazard due to static discharge.

## SECTION 10: STABILITY AND REACTIVITY

Reactivity: Hazardous reactions will not occur under normal conditions.

Chemical Stability: Stable under recommended handling and storage conditions (see section 7).

Possibility of Hazardous Reactions: Hazardous polymerization will not occur.

Conditions to Avoid: Direct sunlight. Extremely high or low temperatures. Incompatible materials.

Incompatible Materials: Strong acids. Strong bases. Strong oxidizers.

Hazardous Decomposition Products: Oxides of zinc. Sodium oxides.

## SECTION 11: TOXICOLOGICAL INFORMATION

## Information on Toxicological Effects - Product

Acute Toxicity: Not classified

LD50 and LC50 Data: Not available

Skin Corrosion/Irritation: Not classified

pH: 2 - 3 (1% Solution)

Serious Eye Damage/Irritation: Causes serious eye damage.

pH: 2 - 3 (1% Solution)

Respiratory or Skin Sensitization: Not classified

Gen. Cell Mutagenicity: Not classified

Teratogenicity: Not classified

Carcinogenicity: Not classified

Specific Target Organ Toxicity (Repeated Exposure): Not classified

Reproductive Toxicity: Not classified

Specific Target Organ Toxicity (Single Exposure): Not classified

Aspiration Hazard: Not classified

Symptoms/Injuries After Inhalation: Dust may cause severe irritation to the mouth, throat, and lungs.

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## ZPP-9000 Safety Data Sheet

**Symptoms/Injuries After Skin Contact:** Skin contact with large amounts of dust may cause mechanical irritation.  
**Symptoms/Injuries After Eye Contact:** Causes serious eye damage. Symptoms may include: Redness, pain, swelling, itching, burning, tearing, and blurred vision.  
**Symptoms/Injuries After Ingestion:** Ingestion is likely to be harmful or have adverse effects.  
**Chronic Symptoms:** None expected under normal conditions of use.

**Information on Toxicological Effects - Ingredients****LD50 and LC50 Data:**

Sodium polyphosphate (68915-31-1)	
LD50 Oral Rat	3053 mg/kg
Zinc sulfate (7733-02-0)	
LD50 Oral Rat	500 mg/kg
Sodium bisulfate (7681-38-1)	
LD50 Oral Rat	2490 mg/kg

**SECTION 12: ECOLOGICAL INFORMATION****Toxicity**

**Ecology - General:** Very toxic to aquatic life. Toxic to aquatic life with long lasting effects.

Zinc sulfate (7733-02-0)	
LC50 Fish 1	0.162 mg/l (Exposure time: 96 h - Species: Oncorhynchus mykiss (flow-through))
EC50 Daphnia 1	0.75 mg/l (Exposure time: 48 h - Species: Daphnia magna)
LC50 Fish 2	0.03 (0.03 - 0.05) mg/l (Exposure time: 96 h - Species: Oncorhynchus mykiss (semi-static))
EC50 Daphnia 2	0.538 (0.538 - 0.908) mg/l (Exposure time: 48 h - Species: Daphnia magna (Static))
Sodium bisulfate (7681-38-1)	
EC50 Daphnia 1	190 mg/l (Exposure time: 48 h - Species: Daphnia magna)

**Persistence and Degradability:** Not available

**Bioaccumulative Potential**

Zinc sulfate (7733-02-0)	
BCF Fish 1	59 - 112

**Mobility in Soil:** Not available.

**Other Adverse Effects**

**Other information:** Avoid release to the environment.

**SECTION 13: DISPOSAL CONSIDERATIONS**

**Waste Disposal Recommendations:** Dispose of waste material in accordance with all local, regional, national, provincial, territorial and international regulations.

**Ecology - Waste Materials:** Avoid release to the environment.

**SECTION 14: TRANSPORT INFORMATION****14.1 In Accordance with DOT**

**Proper Shipping Name:** ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (CONTAINS ZINC SULFATE AND SODIUM BISULFATE)

**Hazard Class:** 9  
**Identification Number:** UN3077  
**Label Codes:** 9  
**Packing Group:** III  
**Marine Pollutant:** Marine pollutant  
**ERG Number:** 171



**14.2 In Accordance with IMDG**  
**Proper Shipping Name:** ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (CONTAINS ZINC SULFATE AND SODIUM BISULFATE)

**Hazard Class:** 9

Date of Issue: 10/10/17

EN (English US)

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## ZPP-9000 Safety Data Sheet

**Identification Number:** UN3077

**Packing Group:** III

**Label Codes:** 9

**EmS-No. (Fire):** F-A

**EmS-No. (Spillage):** S-F

**Marine Pollutant:** Marine pollutant

**14.3 In Accordance with IATA**

**Proper Shipping Name:** ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (CONTAINS ZINC SULFATE AND SODIUM BISULFATE)

**Packing Group:** III

**Identification Number:** UN3077

**Hazard Class:** 9

**Label Codes:** 9

**ERG Code (IATA):** 9L

**14.4 In Accordance with TOG**

**Proper Shipping Name:** ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (CONTAINS ZINC SULFATE AND SODIUM BISULFATE)

**Packing Group:** III

**Hazard Class:** 9

**Identification Number:** UN3077

**Label Codes:** 9

**Marine Pollutant (TDG):** Marine pollutant

**SECTION 15: REGULATORY INFORMATION****US Federal Regulations**

**ZPP-9000**

**SARA Section 311/312 Hazard Classes:** Immediate (acute) health hazard

**Sodium polyphosphate (68915-31-1)**

Listed on the United States TSCA (Toxic Substances Control Act) Inventory

**Zinc sulfate (7733-02-0)**

Listed on the United States TSCA (Toxic Substances Control Act) Inventory

**Sodium bisulfate (7681-38-1)**

Listed on the United States TSCA (Toxic Substances Control Act) Inventory

**US State Regulations**

**Zinc sulfate (7733-02-0)**

U.S. - Massachusetts - Right To Know List

U.S. - New Jersey - Right to Know Hazardous Substance List

U.S. - Pennsylvania - RTK (Right to Know) - Environmental Hazard List

U.S. - Pennsylvania - RTK (Right to Know) List

**Canadian Regulations**

**ZPP-9000**

**WHMIS Classification:** Class D Division 2 Subdivision B - Toxic material causing other toxic effects



**Sodium polyphosphate (68915-31-1)**

Listed on the Canadian DSL (Domestic Substances List)

**WHMIS Classification:** Uncontrolled product according to WHMIS classification criteria

Date of Issue: 10/10/17

EN (English US)

SDS# ZPP-9000

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## ZPP-9000 Safety Data Sheet

Zinc sulfate (7733-02-0)	
Listed on the Canadian DSL (Domestic Substances List)	
Listed on the Canadian IDL (Ingredient Disclosure List)	
IDL Concentration 1 %	
WHMIS Classification	Class D Division 2 Subdivision B - Toxic material causing other toxic effects
Sodium bisulfate (7681-38-1)	
Listed on the Canadian DSL (Domestic Substances List)	
Listed on the Canadian IDL (Ingredient Disclosure List)	
IDL Concentration 1 %	
WHMIS Classification	Class D Division 2 Subdivision B - Toxic material causing other toxic effects

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the SDS contains all of the information required by CPR.

**SECTION 16: OTHER INFORMATION, INCLUDING DATE OF PREPARATION OR LAST REVISION**

**Revision date:** 10/10/17

**Other information:** This document has been prepared in accordance with the SDS requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200.

**GHS Full Text Phrases:**

Acute Tox. 4 (Oral)	Acute toxicity (oral) Category 4
Aquatic Acute 1	Hazardous to the aquatic environment - Acute Hazard Category 1
Aquatic Chronic 1	Hazardous to the aquatic environment - Chronic Hazard Category 1
Aquatic Chronic 2	Hazardous to the aquatic environment - Chronic Hazard Category 2
Comb. Dust	Combustible Dust
Eye Dam. 1	Serious eye damage/eye irritation Category 1
H232	May form combustible dust concentrations in air
H302	Harmful if swallowed
H318	Causes serious eye damage
H400	Very toxic to aquatic life
H410	Very toxic to aquatic life with long lasting effects
H411	Toxic to aquatic life with long lasting effects

**Disclaimer**

The information contained herein is accurate to the best of our knowledge. However, data, safety standards and government regulations are subject to change and, therefore, holders and users should satisfy themselves that they are aware of all current data and regulations relevant to their particular use of product. CHEMRITE, INC. DISCLAIMS ALL LIABILITY FOR RELIANCE ON THE COMPLETENESS OR ACCURACY OR THE INFORMATION INCLUDED HEREIN. CHEMRITE, INC. MAKES NO WARRANTY, EITHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR PARTICULAR USE OR PURPOSE OF THE PRODUCT DESCRIBED HEREIN. All conditions relating to storage, handling, and use of the product are beyond the control of Chemrite, Inc., and shall be the sole responsibility of the holder or user of the product.

Date of Issue: 10/10/17

EN (English US)

SDS# ZPP-9000

7/7

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Chemrite Incorporated**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**5202 Belle Wood Court, STE 104**

6 City, state, and ZIP code

**Buford, GA 30518**

7 List account number(s) here (optional)

Requester's name and address (optional)

## 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.

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

5 8 - 1 8 2 5 7 2 7

## 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 ► 07/31/2019

## 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](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CHEMINC-07

WILKESON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2017

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  
Insurance Office of America, Inc.  
1855 West State Road 434  
Longwood, FL 32750

CONTACT NAME: Sheila Serrano  
PHONE (A/C, No, Ext): (407) 998-4276 14276 FAX (A/C, No):  
E-MAIL ADDRESS: Sheila.Serrano@ioausa.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Colony Insurance Company

39993

INSURED

Chemrite Inc.  
5202 Belle Wood CT. STE 104  
Buford, GA 30518

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## 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 INSD: WVD	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		PACE304249R2	12/10/2017	12/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PACE304249R2	12/10/2017	12/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liability		PACE304249R2	12/10/2017	12/10/2018	Per Occurrence 1,000,000
A	Pollution Liability		PACE304249R2	12/10/2017	12/10/2018	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Water Treatment Plant Chemicals  
Contract #BC0710

## CERTIFICATE HOLDER

## 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

AC

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ID name and logo are registered marks of ACORD



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2017

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).

<b>PRODUCER</b> J SMITH LANIER & CO W POINT/PHS 20260452 THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO, TX 78265	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (866) 467-8730	<b>FAX (A/C, No):</b> (888) 443-6112	
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> CHEMRITE INC 5202 BELLE WOOD CT STE 104 BUFORD GA 30518-5853	<b>INSURER A:</b> Hartford Fire and Its P&C Affiliates		<b>NAIC#</b> 0091
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20 WEC ZT4281	01/04/2018	01/04/2019	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)

Those usual to the Insured's Operations.

## CERTIFICATE HOLDING

## 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

*Susan L. Castaneda*

# Document A310™ - 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Chemrite, Inc.  
5202 Belle Wood Court, Suite 104  
Buford, GA 30518

### OWNER:

(Name, legal status and address)

Jefferson Parish  
200 Derbigny Street, Suite 4400  
Gretna, LA 70053

### SURETY:

(Name, legal status and principal place of business)

Platte River Insurance Company

PO Box 5900  
Madison, WI 53705  
Mailing Address for Notices

PO Box 71429  
Newnan, GA 30271

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: 5% Five Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

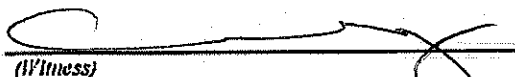
Zinc Sodium Hexametaphosphate, Gretna, LA

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 10th day of October, 2019.

  
(Witness)

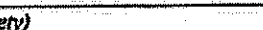
  
(Witness) Jennifer Freeman

Chemrite, Inc.

(Principal)  (Seal)

By:   
(Title) PRESIDENT

Platte River Insurance Company

(Surety)  (Seal)

By:   
(Title) Michelle Deligne Attorney-in-Fact



PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

41418048

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

ANN M. CAMPBELL; JENNIFER FREEMAN; FREDERICK M. LANIER; J. ERIK MCMICHAEL; KRISTINE M. THOMAS; GARY E IVEY;  
SUZANNE YEATMAN; CHARLOTTE L. YARBOROUGH; CLAUDIA C. MCCOY; TONI S VARNER; MICHELLE DELIGNE; PATRICIA MIDDLETON

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002:

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski  
Vice President, Treasurer & CFO

Suzanne M. Broadbent  
Assistant Secretary



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills  
CEO & President

STATE OF WISCONSIN } s.s.  
COUNTY OF DANE

On the 3<sup>rd</sup> day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



David J. Regele  
Notary Public, Dane Co., WI  
My Commission Is Permanent

STATE OF WISCONSIN } s.s.  
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 10th day of October, 2019.



Antonio Celi  
General Counsel, Vice President & Secretary