

December 10, 2018

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

Re: Bid Number: 50-00124799  
Two (2) Year Contract for Chemical Analyses for Unregulated Contaminant Monitoring  
for the Jefferson Parish East Bank and West Bank Water Treatment Plants

Dear Ms. Ovalle,

Eurofins Eaton Analytical, LLC (Eurofins) is pleased to submit this proposal to Jefferson Parish in response to Bid No. 50-00124799 for your UCMR4 program.

Eurofins is a full-service water quality testing laboratory that is ISO 17025 & TNI-accredited to perform water quality compliance analysis in all 50 states. We have over 100,000 combined square feet of laboratory space and 220 qualified staff at our Monrovia, CA and South Bend, IN laboratories.

- **Single Source Solution** – Both Eurofins laboratory facilities have received *full approval* from EPA for UCMR4. For Jefferson Parish, this means increased capacity to handle peak sample loads and no subcontracting required to meet the analytical requirements of the UCMR4 program thereby reducing the potential for service interruptions.
- **Experience** – Eurofins has analyzed nearly 2.5M samples for public water systems (PWSs) throughout the U.S. Eurofins served as an EPA Contractor and Industry Stakeholder assisting in the development of EPA's UCMR4 monitoring requirements, analytical methods, quality control and data management. Our UCMR4 testing laboratories, located in Monrovia, CA and South Bend, IN were included as a participant in EPA's 1st UCMR4 proficiency tests for all methods where a proficiency test was available.
- **Technical Expertise** – Eurofins is the recognized expert in water quality analysis. Our staff is involved at the Federal level serving as a stakeholder, author and contributor in the development of analytical methods, regulatory monitoring requirements and compliance data assessment.
- **Competitive Rates** – Eurofins provides the water industry with high quality, reliable services at competitive rates.

Thank you for the opportunity to provide Jefferson Parish with firm, fixed pricing for your UCMR4 program. We look forward to the opportunity to provide Jefferson Parish our professional analytical services.

Respectfully submitted,  
**Eurofins Eaton Analytical, LLC**



Brian Queen  
Account Manager Southeast

DATE: 11/28/2018

Page: 5

BID NO.: 50-00124799

**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 \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 45 days of bid opening

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

7 days after notification

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

NA

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

FIRM NAME: Eurofins Eaton Analytical, LLC

ADDRESS: 110 South Hill Street

CITY, STATE: South Bend, IN ZIP: 46617

TELEPHONE: ( 574 ) 233-4777 FAX: ( 574 ) 233-8207

EMAIL ADDRESS: MatthewHartz@EurofinsUS.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: NA

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 27,056.00

AUTHORIZED  
SIGNATURE: 

Matthew Hartz

Printed Name

TITLE: Director of Operations

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.: 50-00124799

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	16.00	EA	TWO (2) YEAR CONTRACT FOR CHEMICAL ANALYSES FOR UNREGULATED CONTAMINANT MONITORING FOR THE JEFFERSON PARISH EAST BANK AND WEST BANK WATER TREATMENT PLANTS		
			0010 - SAMPLE ANALYSES VIA EPA METHOD 200.8 FOR THE LIST 1 ASSESSMENT  MONITORING FOR METALS: GERMANIUM AND MANGANESE. SAMPLE ANALYSES VIA EPA METHOD 525.3 FOR THE LIST 1 ASSESSMENT MONITORING OF PESTICIDES AND A PESTICIDE MANUFACTURING BYPRODUCT: ALPHA-HEXACHLOROCYCLOHEXANE, CHLOROSPYRIFOS, DIMETHIPIN, ETHOPROP, OXYFLUORFEN, PROFENOFOS, TEBUCONAZOLE, TOTAL PERMETHRIN (CIS- AND TRANS-), TRIBUFOS. SAMPLE ANALYSES VIA EPA METHOD 541 FOR THE LIST 1 ASSESSMENT MONITORING OF ALCOHOLS: 1-BUTANOL, 2-METHOXYETHANOL, 2-PROPEN-1-OL. SAMPLE ANALYSES VIA EPA METHOD 530 FOR THE LIST 1 ASSESSMENT MONITORING OF SEMI VOLATILE CHEMICALS: BUTYLATED HYDROXYANISOL, O-TOLUIDINE, AND QUINOLINE.  SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.  **VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**	\$431.00	\$6,896.00
2	80.00	EA	0020 - SAMPLE ANALYSES VIA EPA METHOD 552.3 / 557 FOR THE LIST 2 ASSESSMENT	\$118.00	\$9,440.00
			MONITORING FOR THREE BROMINATED HAA DISINFECTION BY-PRODUCT GROUPS: HAA5, HAA6Br, AND HAA9.  SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.  **VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**		
3	8.00	EA	0030 - SAMPLE ANALYSES VIA EPA METHOD 300.1 AND SM5310C FOR THE LIST 2	\$60.00	\$480.00
			ASSESSMENT MONITORING FOR TOC AND BROMIDE.		

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124799

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
4	32.00	EA	<p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p><b>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</b></p>		
			<p>0040 - SAMPLE ANALYSES VIA EPA METHOD 546 FOR THE LIST 3 ASSESSMENT MONITORING</p> <p>FOR TOTAL MICROCYSTINS. SAMPLE ANALYSES VIA EPA METHOD 545 FOR THE LIST 3 ASSESSMENT MONITORING FOR CYLINDROSPERMOPSIN AND ANATOXIN-A.</p> <p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p><b>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</b></p>	\$280.00	\$8,960.00
5	32.00	EA	<p>0050 - SAMPLE ANALYSES VIA EPA METHOD 544 FOR THE LIST 3 ASSESSMENT MONITORING FOR THE 7 SPECIFIC MICROCYSTINS. ANALYSIS REQUIRED ONLY IF EPA 546 IS POSITIVE.</p> <p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p>FEDERALLY REQUIRED PARTICIPATION IN UNREGULATED CONAMINANT MONITORING.</p> <p><b>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</b></p>	\$40.00	\$1,280.00



## Non-Public Works Bid

# AFFIDAVIT

STATE OF Indiana

PARISH/COUNTY OF St Joseph

BEFORE ME, the undersigned authority, personally came and appeared: Matt Hartz  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Director of Operations of Eurofins Eaton Analytical, LLC (Entity),  
the party who submitted a bid in response to Bid Number 50-00124799, 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.

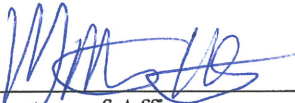
**Choice B** X \_\_\_\_\_ There are **NO** debts which would require disclosure under Choice A of this section.

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

\_\_\_\_\_  
Matt Hartz, Director of Operations  
Printed Name of Affiant

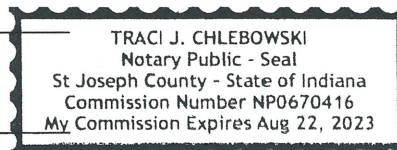
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 10 DAY OF DECEMBER, 2018.

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

\_\_\_\_\_  
Traci Chlebowska  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number



My commission expires \_\_\_\_\_.



**WRITTEN CONSENT IN LIEU OF MEETING OF  
THE BOARD OF MANAGERS OF  
EUROFINS EATON ANALYTICAL, LLC**

The undersigned, being all of the members of the Board of Managers (the "**Board**") of Eurofins Eaton Analytical, LLC, a Delaware limited liability company (the "**Company**"), do hereby consent to the adoption of the following resolution effective as of October 2, 2018:

**Signing Authority for Non-Officers**

**WHEREAS**, only the officers of the Company are authorized to enter into, execute and deliver contracts on behalf of the Company;

**WHEREAS**, to facilitate the day-to-day business operations of the Company, the Board believes it to be in the best interest of the Company to have non-officers selected by the Company's President enter into, execute and deliver certain contracts specified below;

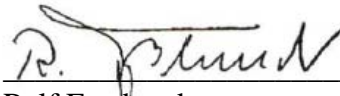
**NOW, THEREFORE, RESOLVED**, that based upon a recommendation made by the Company's President, the Board hereby grants to Matthew Hartz the authority to enter into, execute and deliver contracts on behalf of the Company provided that Matthew Hartz (a) acknowledges receipt of **Annex 1** attached thereto setting forth exceptional and significant transactions and decisions that require the prior approval of the Board, and (b) complies with such **Annex 1** to the extent applicable to the contracts he enters into, executes and delivers on behalf of the Company. This Signing Authority shall expire upon termination of Matthew Hartz employment contract mandate with the Company and is freely revocable without any need for justification.

**IN WITNESS WHEREOF**, the Board has caused this to be executed as of the date first set forth above.

**Board:**



Paul Wise



Ralf Fassbender



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
10/16/2018

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> Willis of Pennsylvania, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 1-877-945-7378 <b>E-MAIL ADDRESS:</b> certificates@willis.com		<b>FAX (A/C, No):</b> 1-888-467-2378
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Eurofins Eaton Analytical, LLC 750 Royal Oaks Drive, Suite 100 Monrovia, CA 91016	<b>INSURER A:</b> HDI Global Insurance Company		41343
	<b>INSURER B:</b> Phoenix Insurance Company		25623
	<b>INSURER C:</b> Travelers Property Casualty Company of		25674
	<b>INSURER D:</b> AXA Corporate Solutions Assurance		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: W8193513

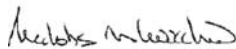
REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GLD1313803	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			HNCAP162D6535PHX18	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUD1314003	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 15,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			HC2JUB157D379518	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Pollution Liability			XFR0077075LI	01/01/18	01/01/21	Per Claim/Aggregat	5,000,000
A	Professional Liability (Claims-Made Coverage)			EOD1313903	01/01/18	01/01/19	Per Claim/Aggregat	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Coverage	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 

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
As required by written contract or agreement	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location And Description Of Completed Operations</b>
As required by written contract or agreement	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Form

**W-9**(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification**► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.**Give Form to the  
requester. Do not  
send to the IRS.****1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**Eurofins Eaton Analytical, LLC****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) **5**

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

**5** Address (number, street, and apt. or suite no.) See instructions.**110 S Hill Street****6** City, state, and ZIP code**South Bend, IN 46617****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**

				-			-				
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or

**Employer identification number**

4	6	-	0	5	6	5	3	4	1
---	---	---	---	---	---	---	---	---	---

**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 ►

**2-13-2018****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.*





United States Environmental Protection Agency  
Office of Water  
Office of Ground Water and Drinking Water  
Standards and Risk Management Division  
Technical Support Center  
UCMR Laboratory Approval Program

Based on the review of submitted applications and successful participation in a Proficiency Testing (PT) Study for the fourth Unregulated Contaminant Monitoring Rule (UCMR 4), EPA has granted the status of "approved" to your laboratory for the method(s) listed below to the following laboratory at the listed address:

Eurofins Eaton Analytical, Inc. - IN  
110 S. Hill Street  
South Bend, IN 46617

The application and PT criteria are listed in the "UCMR 4 Laboratory Approval Requirements and Information Document, Version 2.0." Your laboratory is now "approved" to conduct UCMR 4 analyses using the following method(s):

**LabID:** IN00035

Method Name	Status	Date
EPA 200.8	Approved	2/6/2017
EPA 525.3	Approved	2/6/2017
EPA 530	Approved	2/6/2017
EPA 541	Approved	2/6/2017
EPA 544	Approved	4/3/2017
EPA 545	Approved	2/6/2017
EPA 546	Approved	2/6/2017
EPA 552.3	Approved	4/3/2017

**End of Method List**

This information will be included in the list of UCMR 4 approved laboratories on our website. Your approval status will be maintained during UCMR 4 by continuing to meet the criteria given in the "UCMR 4 Laboratory Approval Requirements and Information Document, Version 2.0," and any revisions to the aforementioned document. Please be aware that you are only permitted to conduct UCMR 4 analyses using those methods for which you have EPA approval. Should you wish to comment on any of these determinations, please write to:

UCMR 4 Laboratory Approval Coordinator  
USEPA, Technical Support Center  
26 W. Martin Luther King Drive (MS 140)  
Cincinnati, OH 45268  
UCMR\_Lab\_Approval@epa.gov



United States Environmental Protection Agency  
Office of Water  
Office of Ground Water and Drinking Water  
Technical Support Center  
UCMR Laboratory Approval Program

Based on the review of submitted applications for each of the listed methods, EPA has granted the status of "authorized" to your laboratory for the method(s) listed below to the following laboratory at the listed address:

Eurofins Eaton Analytical, Inc. - IN  
110 S. Hill Street  
South Bend, IN 46617

The application criteria are listed in the "UCMR 4 Laboratory Approval Requirements and Information Document, Version 2.0." Your laboratory is now "authorized" to conduct UCMR 4 analyses using the following method(s):

**LabID:** IN00035

Method Name	Status	Date
SM 5310 C	Authorized	1/10/2017
EPA 300.0 (Rev. 2.1)	Authorized	1/10/2017

**End of Method List**

This information will be included in the list of UCMR 4 approved laboratories. Your status will be maintained during UCMR 4 by continuing to meet the criteria given in the "UCMR 4 Laboratory Approval Requirements and Information Document, Version 2.0," and any revisions to the aforementioned document. Please be aware that you are only permitted to conduct UCMR 4 analyses using those methods for which you have EPA approval. Should you wish to comment on any of these determinations, please write to:

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