

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 October 31, 2016

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 2-3 Days ARO

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Brenntag Southwest, Inc.

ADDRESS: 1632 Haden Road

CITY, STATE: Houston, Texas ZIP: 77015

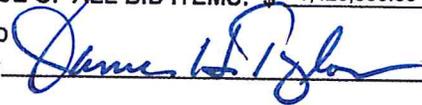
TELEPHONE: (713) 330-8570 FAX: (713) 450-4699

EMAIL ADDRESS: gtollefsen@brenntag.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: N/A
NUMBER: _____
NUMBER: _____
NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 1,420,000.00

AUTHORIZED SIGNATURE: 

James H. Taylor
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.: 50-00113576

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2,000,000.00	GL	<p>TWO YEAR CONTRACT FOR THE SUPPLY SODIUM HPYOCHLORITE SOLUTION</p> <p>Two year contract for a supply of Sodium Hypochlorite Solution (Industrial Strength) for the Jefferson Parish Department Sewerage</p> <p>0010 Sodium Hypochlorite Solution (Industrial Strength)</p> <p>Attached are the specifications</p>	\$0.71/Gallon	\$1,420,000.00

Tom Schedler
Secretary of State

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
BRENNTAG SOUTHWEST, INC.	Business Corporation (Non-Louisiana)	LANCASTER	Active

Previous Names

DELTA DISTRIBUTORS, INC. (Changed: 5/22/2001)

Business: BRENNTAG SOUTHWEST, INC.

Charter Number: 34313102F

Registration Date: 9/12/1988

Domicile Address

704 EAST WINTERGREEN ROAD
LANCASTER, TX 75134

Mailing Address

704 EAST WINTERGREEN ROAD
LANCASTER, TX 75134

Principal Business Office

704 EAST WINTERGREEN ROAD
LANCASTER, TX 75134

Registered Office in Louisiana

5615 CORPORATE BLVD., STE. 400B
BATON ROUGE, LA 70808

Principal Business Establishment in Louisiana

7200 HWY. 74
ST. GABRIEL, LA 70776

Status

Status: Active

Annual Report Status: In Good Standing

Qualified: 9/12/1988

Last Report Filed: 8/15/2014

Type: Business Corporation (Non-Louisiana)

Registered Agent(s)

Agent:	C T CORPORATION SYSTEM
Address 1:	5615 CORPORATE BLVD., STE. 400B

City, State, Zip: BATON ROUGE, LA 70808

Appointment Date: 9/12/1988

Officer(s)

Additional Officers: No

Officer: JAMES H. TAYLOR
Title: Director, President
Address 1: 704 EAST WINTERGREEN ROAD
City, State, Zip: LANCASTER, TX 75134

Officer: W. THOMAS CRAIN, JR.
Title: Vice-President
Address 1: 704 EAST WINTERGREEN ROAD
City, State, Zip: LANCASTER, TX 75134

Officer: H EDWARD BOYADJIAN
Title: Secretary, Director
Address 1: 5083 POTTSVILLE PIKE
City, State, Zip: READING, PA 19605

Officer: JAMES P DOYLE
Title: Director
Address 1: 704 EAST WINTERGREEN ROAD
City, State, Zip: LANCASTER, TX 75134

Officer: CAROL RAY
Title: Vice-President, Officer
Address 1: 704 EAST WINTERGREEN ROAD
City, State, Zip: LANCASTER, TX 75134

Officer: ROBERT WINSLOW
Title: Officer
Address 1: 5083 POTTSVILLE PIKE
City, State, Zip: READING, PA 19605

Mergers (2)

Filed Date	Effective Date:	Type	Charter#	Chater Name	Role
9/27/1989	9/27/1989	MERGE	34313102F	BRENNTAG SOUTHWEST, INC.	SURVIVOR
			29520790F	DELTA DISTRIBUTORS, INC. OF LOUISIANA	NON-SURVIVOR
5/2/2013	5/2/2013	MERGE	34313102F	BRENNTAG SOUTHWEST, INC.	SURVIVOR
			41083149F	ALTIVIA CORPORATION	NON-SURVIVOR

Amendments on File (5)

Description	Date
Merger	9/27/1989

Stmnt of Chg or Chg Prin Bus Off	2/1/1993
Name Change	5/22/2001
Stmnt of Chg or Chg Prin Bus Off	1/29/2008
Merger	5/2/2013

Print

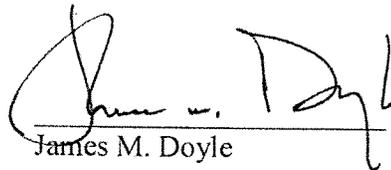
**BRENNTAG SOUTHWEST, INC.
CONSENT IN LIEU OF A MEETING
OF THE BOARD OF DIRECTORS**

The undersigned, being all the members of the Board of Directors of Brenntag Southwest, Inc., a Texas corporation, (the "Corporation"), hereby unanimously consent to the following resolution with the same force and effect as if said resolution had been adopted at a meeting of the Board of Directors.

RESOLVED, that the following persons be, and hereby are, appointed to serve as officers of the Corporation in the capacities set forth opposite their respective names, each to hold such office until their respective successors are duly appointed and qualified or until their earlier death, resignation or removal:

James H. Taylor	President
W. Thomas Crain, Jr.	Vice President
Carol Ray	VP Finance and Assistant Secretary
H. Edward Boyadjian	Secretary
Robert J. Winslow	Tax Officer

DATED: As of April 15, 2015


James M. Doyle

H. Edward Boyadjian

James H. Taylor

BRENNTAG SOUTHWEST, INC.
CONSENT IN LIEU OF A MEETING
OF THE BOARD OF DIRECTORS

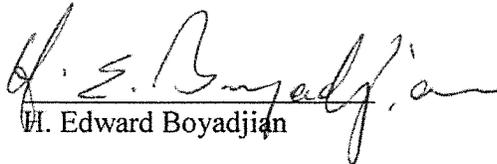
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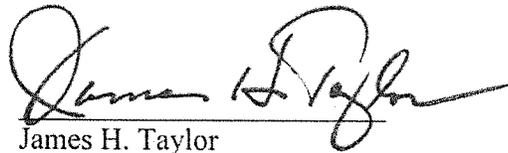
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DATED: As of April 15, 2015

James M. Doyle

H. Edward Boyadjian



James H. Taylor

Non-Public Works Bid

AFFIDAVIT

STATE OF Texas

PARISH/COUNTY OF Dallas

BEFORE ME, the undersigned authority, personally came and appeared: James H. Taylor
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized President of Brenntag Southwest, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00113576, 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.

James H. Taylor
Signature of Affiant

James H. Taylor
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

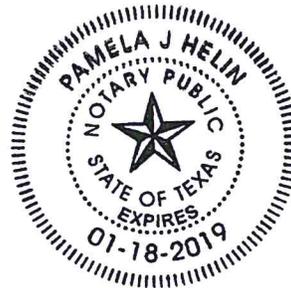
ON THE 30th DAY OF June, 2015.

Pamela J. Helin
Notary Public

Pamela J. Helin
Printed Name of Notary

01000177-6
Notary/Bar Roll Number

My commission expires January 18, 2019.



Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific instructions on page 2.

Name
BRENNTAG SOUTHWEST INC

Business name, if different from above

Check appropriate box: Individual/
Sole proprietor Corporation Partnership Other Exempt from backup
withholding

Address (number, street, and apt. or suite no.)
P.O. BOX 970230

City, state, and ZIP code
DALLAS TX 75397-0230

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

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or

Employer identification number

7	5	1	8	9	8	3	7	8
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Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here Signature of U.S. person *Hinger Schmidt* Date

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/22/2014

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 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 Marsh USA Inc. 1717 Arch Street Philadelphia, PA 19103-2797 424780-ALL-GAW-15-16	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Insurance Company Of The State Of PA		19429
INSURER B: Greenwich Insurance Company		22322
INSURER C: XL Specialty Insurance Company		37885
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CLE-003964424-05 **REVISION NUMBER:** 7

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 INSR	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC			GL 0696955	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S			RAD943713310	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			RWR943509010 (WI) RWD943509110 (AOS) RWD943544101 (AK)	01/01/2015 01/01/2015 01/01/2015	01/01/2016 01/01/2016 01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Jefferson Parish is included as Additional Insured except for Workers Compensation, where required by written contract.

CERTIFICATE HOLDER Jefferson Parish Attn: Purchasing Department 200 Derbigny St. Ste. 4400 Gretna, LA 70053	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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June 30, 2015

Brenntag Southwest, Inc. claims Louisiana Preference in accordance with LSA-R.S.38:2251-2261.

Brenntag Southwest has a facility located at Olin Corporation's facility in St. Gabriel, Louisiana. Olin Corporation manufactures sodium hydroxide and chlorine, the raw materials used to manufacture sodium hypochlorite, at their facility located at:

Olin Corporation – St. Gabriel
4205 Hwy. 75
St. Gabriel, LA 70776

We manufacture the Sodium Hypochlorite at this facility, also located at:

Brenntag Southwest, Inc. – St. Gabriel
4205 Hwy. 75
St. Gabriel, LA 70776

TECHNICAL DATA SHEET

Disinfectant & Sanitizer

AQUACHLOR 12.5% SOLUTION

AQUACHLOR 12.5% is a disinfectant and general purpose sanitizer used in a wide variety of markets including municipal drinking water and wastewater treatment, pulp & paper processing, industrial cooling and process water treatment, agricultural, and food and beverage processing. **AQUACHLOR 12.5%** is registered with NSF under Standard 60 and meets requirements for ANSI/AWWA B300-10, and FDA requirements of 21 CFR 178.1010 Sanitizing solutions (b) (1).

Typical Physical Properties

Appearance	Clear greenish-yellow liquid
Odor	Slight chlorine odor
Solubility in Water	Complete
Specific Gravity	1.15-1.25 at 20°C (70°F)
Vapor Pressure	Approximately 17.5 mm Hg at 20°C (68°F)
Boiling Point	100°C (212°F) decomposes
Freezing Point	< -12°C (<10°F)
pH (as supplied)	> 11
NaOCl, (wt %)	12.1-13.1
Available Cl ₂ , (wt %)	11.5-12.5
Excess Caustic, NaOH (wt %)	< 2.0

Typical Application

Sanitizer

- Food Contact Surfaces
- Food & Beverage Processing
- Agriculture
- Industrial & institutional cleaners

Disinfectant

- Drinking water
- Wastewater
- Influent water
- Swimming pools
- Meat & Poultry processing

Microbiocide/ Slime Control

- Pulp & Paper processing
- Cooling water
- Process water
- Zebra Mussel Control
- Hot tubs & Spas

AQUACHLOR 12.5% is a strong oxidizing agent commonly used for disinfection and sanitation applications including drinking water and wastewater disinfection, pulp & paper processing, industrial cooling and process water treatment, household and institutional cleaners, and food and beverage processing.

Typical Feed Requirements

AQUACHLOR 12.5% is generally applied using chemical metering pumps specifically designed for feeding **AQUACHLOR 12.5%** which are constructed of compatible materials. Dose rates will vary with the application.

For additional treatment information, including dosage specific to your application, please contact your Brenntag Southwest, Inc. representative or refer to the **AQUACHLOR** Label booklet.

Storage and Handling

AQUACHLOR 12.5% is a registered biocide precursor with the United States Environmental Protection Agency (No. 52374-18) and must be used and handled within the limits of the label instructions. See product label for additional information. Store in a cool, dry, well-ventilated place away from heat, cold, direct sunlight, ammonia containing compounds, and/or acids. Protect from freezing. Always use care when opening containers and keep tightly closed when not in use. Do not reuse containers.

AQUACHLOR 12.5% is corrosive. Wear personal protective equipment, such as goggles or safety glasses, gloves and other protective clothing when handling.

See Safety Data Sheet for additional safety information before storing or handling **SODIUM HYPOCHLORITE**.

Packaging

AQUACHLOR 12.5% is typically available in 55-gallon drums, totes, and in bulk quantities. For further information, please contact your Brenntag Southwest, Inc. representative.

1. Identification

Product identifier SODIUM HYPOCHLORITE 12.5%
Other means of identification None.
Recommended use ALL PROPER AND LEGAL PURPOSES
Recommended restrictions None known.

Manufacturer/Importer/Supplier/Distributor information

Manufacturer

Company name Brenntag Southwest, Inc.
Address 610 Fisher Road
 Longview, TX 75604
Telephone 903-759-7151
E-mail Not available.
Emergency phone number 800-424-9300 CHEMTREC

2. Hazard(s) identification

Physical hazards Not classified.
Health hazards Skin corrosion/irritation Category 1
 Serious eye damage/eye irritation Category 1
Environmental hazards Hazardous to the aquatic environment, acute hazard Category 1
 Hazardous to the aquatic environment, long-term hazard Category 1
OSHA defined hazards Not classified.

Label elements



Signal word Danger
Hazard statement Causes severe skin burns and eye damage. Causes serious eye damage. Very toxic to aquatic life. Very toxic to aquatic life with long lasting effects.

Precautionary statement

Prevention Do not breathe mist or vapor. Wash thoroughly after handling. Avoid release to the environment. Wear eye protection/face protection. Wear protective gloves/protective clothing/eye protection/face protection.

Response If swallowed: Rinse mouth. Do NOT induce vomiting. If on skin (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower. If inhaled: Remove person to fresh air and keep comfortable for breathing. If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a poison center/doctor. Wash contaminated clothing before reuse. Collect spillage.

Storage Store locked up.

Disposal Dispose of contents/container in accordance with local/regional/national/international regulations.

Hazard(s) not otherwise classified (HNOC) None known.

Supplemental information None.

3. Composition/information on ingredients

Mixtures

Chemical name	Common name and synonyms	CAS number	%
HYPOCHLOROUS ACID, SODIUM SALT (1:1)		7681-52-9	12.5
Other components below reportable levels			87.5

*Designates that a specific chemical identity and/or percentage of composition has been withheld as a trade secret.

4. First-aid measures

Inhalation	Move to fresh air. Call a physician if symptoms develop or persist.
Skin contact	Take off immediately all contaminated clothing. Rinse skin with water/shower. Call a physician or poison control center immediately. Chemical burns must be treated by a physician. Wash contaminated clothing before reuse.
Eye contact	Immediately flush eyes with plenty of water for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Call a physician or poison control center immediately.
Ingestion	Call a physician or poison control center immediately. Rinse mouth. Do not induce vomiting. If vomiting occurs, keep head low so that stomach content doesn't get into the lungs.
Most important symptoms/effects, acute and delayed	Burning pain and severe corrosive skin damage. Causes serious eye damage. Symptoms may include stinging, tearing, redness, swelling, and blurred vision. Permanent eye damage including blindness could result.
Indication of immediate medical attention and special treatment needed	Provide general supportive measures and treat symptomatically. Chemical burns: Flush with water immediately. While flushing, remove clothes which do not adhere to affected area. Call an ambulance. Continue flushing during transport to hospital. Keep victim under observation. Symptoms may be delayed.
General information	Ensure that medical personnel are aware of the material(s) involved, and take precautions to protect themselves.

5. Fire-fighting measures

Suitable extinguishing media	Powder. Foam. Carbon dioxide (CO2).
Unsuitable extinguishing media	Do not use water jet as an extinguisher, as this will spread the fire.
Specific hazards arising from the chemical	During fire, gases hazardous to health may be formed.
Special protective equipment and precautions for firefighters	Self-contained breathing apparatus and full protective clothing must be worn in case of fire.
Fire fighting equipment/instructions	Move containers from fire area if you can do so without risk.
Specific methods	Use standard firefighting procedures and consider the hazards of other involved materials.
General fire hazards	No unusual fire or explosion hazards noted.

6. Accidental release measures

Personal precautions, protective equipment and emergency procedures	Keep unnecessary personnel away. Keep people away from and upwind of spill/leak. Wear appropriate protective equipment and clothing during clean-up. Do not breathe mist or vapor. Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Ensure adequate ventilation. Local authorities should be advised if significant spillages cannot be contained. For personal protection, see section 8 of the SDS.
Methods and materials for containment and cleaning up	Large Spills: Stop the flow of material, if this is without risk. Use water spray to reduce vapors or divert vapor cloud drift. Dike the spilled material, where this is possible. Cover with plastic sheet to prevent spreading. Absorb in vermiculite, dry sand or earth and place into containers. Prevent entry into waterways, sewer, basements or confined areas. Following product recovery, flush area with water. Small Spills: Wipe up with absorbent material (e.g. cloth, fleece). Clean surface thoroughly to remove residual contamination. Never return spills to original containers for re-use. For waste disposal, see section 13 of the SDS.
Environmental precautions	Avoid release to the environment. Prevent further leakage or spillage if safe to do so. Avoid discharge into drains, water courses or onto the ground. Inform appropriate managerial or supervisory personnel of all environmental releases.

7. Handling and storage

Precautions for safe handling	Provide adequate ventilation. Do not breathe mist or vapor. Do not get in eyes, on skin, or on clothing. Avoid prolonged exposure. Wear appropriate personal protective equipment. Avoid release to the environment. Observe good industrial hygiene practices.
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Conditions for safe storage, including any incompatibilities Store locked up. Store in original tightly closed container. Store away from incompatible materials (see Section 10 of the SDS).

8. Exposure controls/personal protection

Occupational exposure limits

US. Workplace Environmental Exposure Level (WEEL) Guides

Components	Type	Value
HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)	STEL	2 mg/m3

Biological limit values

No biological exposure limits noted for the ingredient(s).

Appropriate engineering controls

Good general ventilation (typically 10 air changes per hour) should be used. Ventilation rates should be matched to conditions. If applicable, use process enclosures, local exhaust ventilation, or other engineering controls to maintain airborne levels below recommended exposure limits. If exposure limits have not been established, maintain airborne levels to an acceptable level. Eye wash facilities and emergency shower must be available when handling this product.

Individual protection measures, such as personal protective equipment

Eye/face protection

Wear safety glasses with side shields (or goggles) and a face shield.

Skin protection

Hand protection

Wear appropriate chemical resistant gloves. Suitable gloves can be recommended by the glove supplier.

Other

Wear appropriate chemical resistant clothing.

Respiratory protection

In case of insufficient ventilation, wear suitable respiratory equipment.

Thermal hazards

Wear appropriate thermal protective clothing, when necessary.

General hygiene considerations

Always observe good personal hygiene measures, such as washing after handling the material and before eating, drinking, and/or smoking. Routinely wash work clothing and protective equipment to remove contaminants.

9. Physical and chemical properties

Appearance

Physical state

Liquid.

Form

Liquid.

Color

CLEAR PALE YELLOW

Odor

CHLORINE

Odor threshold

Not available.

pH

Not available.

Melting point/freezing point

20 °F (-6.67 °C)

Initial boiling point and boiling range

212 °F (100 °C) estimated

Flash point

Not available.

Evaporation rate

Not available.

Flammability (solid, gas)

Not applicable.

Upper/lower flammability or explosive limits

Flammability limit - lower (%)

Not available.

Flammability limit - upper (%)

Not available.

Explosive limit - lower (%)

Not available.

Explosive limit - upper (%)

Not available.

Vapor pressure

0.00001 hPa estimated

Vapor density

Not available.

Relative density

Not available.

Solubility(ies)

Solubility (water)

Not available.

Partition coefficient (n-octanol/water)	Not available.
Auto-ignition temperature	Not available.
Decomposition temperature	Not available.
Viscosity	Not available.
Other information	
Density	10.10 lbs/gal estimated
Explosive properties	Not explosive.
Oxidizing properties	Not oxidizing.
Percent volatile	87.5 % estimated
Specific gravity	1.21 estimated

10. Stability and reactivity

Reactivity	The product is stable and non-reactive under normal conditions of use, storage and transport.
Chemical stability	Material is stable under normal conditions.
Possibility of hazardous reactions	Hazardous polymerization does not occur.
Conditions to avoid	Contact with incompatible materials.
Incompatible materials	Strong oxidizing agents.
Hazardous decomposition products	No hazardous decomposition products are known.

11. Toxicological information

Information on likely routes of exposure

Inhalation	May cause irritation to the respiratory system. Prolonged inhalation may be harmful.
Skin contact	Causes severe skin burns.
Eye contact	Causes serious eye damage.
Ingestion	Causes digestive tract burns.
Symptoms related to the physical, chemical and toxicological characteristics	Burning pain and severe corrosive skin damage. Causes serious eye damage. Symptoms may include stinging, tearing, redness, swelling, and blurred vision. Permanent eye damage including blindness could result.

Information on toxicological effects

Acute toxicity

Components	Species	Test Results
HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)		
<u>Acute</u>		
Oral		
LD50	Mouse	5800 mg/kg
	Rat	8.91 g/kg

* Estimates for product may be based on additional component data not shown.

Skin corrosion/irritation	Causes severe skin burns and eye damage.
Serious eye damage/eye irritation	Causes serious eye damage.
Respiratory or skin sensitization	
Respiratory sensitization	Not a respiratory sensitizer.
Skin sensitization	This product is not expected to cause skin sensitization.
Germ cell mutagenicity	No data available to indicate product or any components present at greater than 0.1% are mutagenic or genotoxic.
Carcinogenicity	This product is not considered to be a carcinogen by IARC, ACGIH, NTP, or OSHA.
OSHA Specifically Regulated Substances (29 CFR 1910.1001-1050)	
Not listed.	
Reproductive toxicity	This product is not expected to cause reproductive or developmental effects.

Specific target organ toxicity - single exposure Not classified.
 Specific target organ toxicity - repeated exposure Not classified.
 Aspiration hazard Not an aspiration hazard.
 Chronic effects Prolonged inhalation may be harmful.

12. Ecological information

Ecotoxicity Very toxic to aquatic life with long lasting effects.

Components	Species	Test Results
HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)		
Aquatic		
Fish	LC50 Chinook salmon (<i>Oncorhynchus tshawytscha</i>)	0.038 - 0.065 mg/l, 96 hours

* Estimates for product may be based on additional component data not shown.

Persistence and degradability No data is available on the degradability of this product.
 Bioaccumulative potential No data available.
 Mobility in soil No data available.
 Other adverse effects No other adverse environmental effects (e.g. ozone depletion, photochemical ozone creation potential, endocrine disruption, global warming potential) are expected from this component.

13. Disposal considerations

Disposal instructions Collect and reclaim or dispose in sealed containers at licensed waste disposal site. Do not allow this material to drain into sewers/water supplies. Do not contaminate ponds, waterways or ditches with chemical or used container. Dispose of contents/container in accordance with local/regional/national/international regulations.
 Local disposal regulations Dispose in accordance with all applicable regulations.
 Hazardous waste code The waste code should be assigned in discussion between the user, the producer and the waste disposal company.
 Waste from residues / unused products Dispose of in accordance with local regulations. Empty containers or liners may retain some product residues. This material and its container must be disposed of in a safe manner (see: Disposal instructions).
 Contaminated packaging Since emptied containers may retain product residue, follow label warnings even after container is emptied. Empty containers should be taken to an approved waste handling site for recycling or disposal.

14. Transport information

DOT

UN number UN1791
 UN proper shipping name HYPOCHLORITE SOLUTIONS
 Transport hazard class(es)
 Class 8
 Subsidiary risk -
 Packing group III
 Special precautions for user Read safety instructions, SDS and emergency procedures before handling.
 ERG number 154
 DOT information on packaging may be different from that listed.

DOT



General information IMDG Regulated Marine Pollutant.

15. Regulatory information

US federal regulations This product is a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

TSCA Section 12(b) Export Notification (40 CFR 707, Subpt. D)

Not regulated.

CERCLA Hazardous Substance List (40 CFR 302.4)

HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9) Listed.

SARA 304 Emergency release notification

Not regulated.

OSHA Specifically Regulated Substances (29 CFR 1910.1001-1050)

Not listed.

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Hazard categories Immediate Hazard - Yes
Delayed Hazard - No
Fire Hazard - No
Pressure Hazard - No
Reactivity Hazard - No

SARA 302 Extremely hazardous substance

Not listed.

SARA 311/312 Hazardous chemical No

SARA 313 (TRI reporting)

Not regulated.

Other federal regulations

Clean Air Act (CAA) Section 112 Hazardous Air Pollutants (HAPs) List

Not regulated.

Clean Air Act (CAA) Section 112(r) Accidental Release Prevention (40 CFR 68.130)

Not regulated.

Safe Drinking Water Act (SDWA) Not regulated.

US state regulations

US. California Controlled Substances. CA Department of Justice (California Health and Safety Code Section 11100)

Not listed.

US. Massachusetts RTK - Substance List

HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)

US. New Jersey Worker and Community Right-to-Know Act

HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)

US. Pennsylvania Worker and Community Right-to-Know Law

HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)

US. Rhode Island RTK

HYPOCHLOROUS ACID, SODIUM SALT (1:1) (CAS 7681-52-9)

US. California Proposition 65

California Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65): This material is not known to contain any chemicals currently listed as carcinogens or reproductive toxins.

International Inventories

Table with 3 columns: Country(s) or region, Inventory name, On inventory (yes/no)*. Rows include Australia, Canada, China, Europe.

Country(s) or region	Inventory name	On inventory (yes/no)*
Japan	Inventory of Existing and New Chemical Substances (ENCS)	Yes
Korea	Existing Chemicals List (ECL)	Yes
New Zealand	New Zealand Inventory	Yes
Philippines	Philippine Inventory of Chemicals and Chemical Substances (PICCS)	Yes
United States & Puerto Rico	Toxic Substances Control Act (TSCA) Inventory	Yes

*A "Yes" indicates that all components of this product comply with the inventory requirements administered by the governing country(s)

A "No" indicates that one or more components of the product are not listed or exempt from listing on the inventory administered by the governing country(s).

16. Other information, including date of preparation or last revision

Issue date	06-06-2015
Revision date	06-16-2015
Version #	16
HMIS® ratings	Health: 3 Flammability: 0 Physical hazard: 0
NFPA ratings	Health: 3 Flammability: 0 Instability: 0
Disclaimer	While Brenntag believes the information contained herein to be accurate, Brenntag makes no representation or warranty, express or implied, regarding, and assumes no liability for, the accuracy or completeness of the information. The Buyer assumes all responsibility for handling, using and/or reselling the Product in accordance with applicable federal, state, and local law. This SDS shall not in any way limit or preclude the operation and effect of any of the provisions of Brenntag's terms and conditions of sale.

**JEFFERSON PARISH
DEPARTMENT OF SEWERAGE
SPECIFICATIONS FOR SODIUM HYPOCHLORITE SOLUTION
(INDUSTRIAL STRENGTH) IN LARGE BULK DELIVERIES**

GENERAL

Specifications for a two year contract for a supply of Sodium Hypochlorite (NaOCl) (industrial strength) in large bulk deliveries, for the Department of Sewerage. The sodium hypochlorite in this specification will be used for the disinfection of wastewater at the Harvey, Marrero, Bridge City, and Eastbank Wastewater Treatment Plants. The quantity shown on this bid represents an approximate quantity to be purchased over the two year period. Actual usage will be on an as needed basis.

PRODUCT SPECIFICATIONS

Chemical composition of sodium hypochlorite - (NaOCl)

Typical analysis and specifications:

Available chlorine - minimum by weight 12.5% (as weight to volume or trade %) 15% (150/l)

Sodium hypochlorite (NaOCl) by weight - 13.03%

Excess alkalinity (NaOH) - by weight 0.5 to (10 g/l) to volume - 0.8%

Specific gravity @ 20 degrees c - 1.20 to 1.21

Chlorine (Cl₂) by weight gallon - 1.25 lb/gal.

Color - pale yellow

Odor - mild chlorine

Weight/gallon - 10 lb./gal

DELIVERIES

Delivery shall be made by tank truck (bulk), with each delivery quantity ranging from 1,000 gallons to 4,500 gallons. The estimated usage is expected to be 1,450,000 gallons for the two year period. The quantity shown on this bid represents an approximate quantity to be purchased over the two year period. Actual usage will be on an as needed basis.

Deliveries are to be made to:

1. Harvey Wastewater Treatment Plant
2343 Paillet Avenue
Harvey, La 70058
2. Marrero Wastewater Treatment Plant
6250 Lapalco Blvd.
Marrero, La 70072

3. Bridge City Wastewater Treatment Plant
1400 Hwy 90 West
Westwego, La 70094

4. Eastbank Wastewater Treatment Plant
No. 2 Humane Way
Jefferson, Louisiana 70123

Deliveries to the Harvey and Bridge City plants must be made between 7:00 a.m. and 2:00 p.m.

The Marrero and Eastbank plants can accept deliveries 24 hours a day.

INVOICING

Invoices with purchase order number and a copy of delivery tickets showing delivery date, should be sent to:

Department Of Sewerage
1221 Elmwood Park Blvd., Suite 803
Harahan, LA 70123

TECHNICAL INFORMATION

The bidder shall submit material safety data sheets and product data sheets within 10 calendar days after the bid opening.

INSURANCE REQUIREMENTS - BIDS

All insurance requirements shall conform to Jefferson Parish Resolution No. 113646 or No. 113647. The contractor shall not commence work under this contract until he has obtained all insurance and complied with the requirements of the specifications and said Parish Resolutions. Except as otherwise provided by law, the Parish Attorney's Office with the concurrence of the Director of Risk Management is authorized to omit in whole or part the insurance requirements of this section in connection with contracts. Vendors inquiring about this shall submit his written request to the Purchasing Department prior to the due date of the bid. Contractor must deliver and maintain such insurances as provided; failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

Successful bidder will be required to procure standard insurance policies evidencing Parish mandated insurance requirements indicated below. The current certificate of insurance must be submitted by low bidder within 10 days after bid opening to the Purchasing Department. Failure to comply will cause bid to be rejected.

1. WORKER'S COMPENSATION INSURANCE

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

2. COMMERCIAL GENERAL LIABILITY

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

3. COMPREHENSIVE AUTOMOBILE LIABILITY

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence.
Property Damage Liability \$1,000,000.00 each occurrence.

DEDUCTIBLES

No insurance required shall include a deductible not greater than \$10,000.00. The cost of the deductible shall be borne by the contractor.

NOTE: If the vendor requires a change in deductibles, the request must be submitted in writing to the Purchasing Department prior to the due date of the bid. Such request shall be reviewed by the Parish Attorney's Office.

UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

CONSTRUCTION AND RENOVATION PROJECTS:

Unless otherwise specified in the bid, these additional insurance is required. Such insurance is due upon contract execution.

OWNER'S PROTECTIVE LIABILITY

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

BUILDER'S RISK INSURANCE

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.

NOTE for CERTIFICATE HOLDER:

All insurance certificates shall list the certificate holder as follows:

"The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council." Additionally, the address on the Certificates should reflect the department which is letting the bid and reference the respective bid number.

Revised 2.10.2014

Non-Public Works Bid Affidavit Instructions

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

Instruction sheet may be omitted when submitting the affidavit