



PVS DK Inc
Vendor# 342326

BID NUMBER- 50-00147841

Three (3) Year Contract for The Supply of Sodium Hypochlorite Solution (Industrial Strength) for the Jefferson Parish Sewerage Department

BID DUE: June 12, 2025 AT 2:00 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received on the Purchasing Department's eProcurement site, www.jeffparishbids.net, by the bid due date and time. Late bids will not be accepted.

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

**Purchasing Specialist III Name: SHANNA FOLSE
Purchasing Specialist III Email: shanna.folse@jeffparish.gov
Purchasing Specialist III Phone: 504-364-2680**

INSTRUCTIONS FOR BIDDERS AND GENERAL CONDITIONS**IN ACCORDANCE WITH STATE REGULATIONS JEFFERSON PARISH OFFERS ELECTRONIC PROCUREMENT TO ALL VENDORS**

This electronic procurement system allows vendors the convenience of reviewing and submitting bids online. This is a secure site and authorized personnel have limited read access only. Bidders are to submit electronically using this free service; while the website accepts various file types, one single PDF file containing all appropriate and required bid documents is preferred. Bidders submitting uploaded images of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, then bidder's submission will be rejected. Please note all requirements contained in this bid package for electronic bid submission.

Please visit our E-Procurement Page at www.jeffparishbids.net to register and view Jefferson Parish solicitations. For more information, please visit the Purchasing Department page at <http://www.jeffparish.gov/464/Purchasing>.

ADDITIONAL REQUIREMENTS FOR THIS BID

PLEASE MATCH THE NUMBERS PRINTED IN THIS BOX WITH THE CORRESPONDING INSTRUCTIONS BELOW. IF THE NUMBER IS NOT SPECIFIED IN THIS BOX, IT IS NOT APPLICABLE FOR THIS BID.

10, 12, 13, 14

1. **MANDATORY PRE-BID** - All bidders must attend the MANDATORY pre-bid conference and will be required to sign in and out as evidence of attendance. In accordance with LA.R.S. 38:2212(I), all prospective bidders shall be present at the beginning of the MANDATORY pre-bid conference and shall remain in attendance for the duration of the conference. Any prospective bidder who fails to attend the conference or remain for the duration shall be prohibited from submitting a bid for the project.
2. **NON-MANDATORY PRE-BID** - Attendance to this pre-bid conference is optional. However, failure to attend the pre-bid conference shall not relieve the bidder of responsibility for information discussed at the conference. Furthermore, failure to attend the pre-bid conference and inspection does not relieve the successful bidder from the necessity of furnishing materials or performing any work that may be required to complete the work in accordance with the specification with no additional cost to the owner.
3. **JP LICENSE** - Contractor must hold current applicable JEFFERSON PARISH licenses with the Department of Building Permits. Contractor shall obtain any and all permits required by the JEFFERSON PARISH Department of Building Permits. The contractor shall be responsible for the payment of these permits. All permits must be obtained prior to the start of the project. Contractor must also hold any and all applicable municipality, Federal and/or State licenses. Contractor shall be responsible for the payment of these permits and shall obtain them prior to the start of the project.
4. **LSCB LICENSE** - A LA State Contractor's License will be required in accordance with LA.R.S. 37:2150 et. seq. and such license number must be entered in the appropriate field in the electronic procurement system. Failure to comply will cause the bid to be rejected.
5. **SITE VISIT** - It is the bidder's responsibility to visit the job site and evaluate the job before submitting a bid.
6. **JOB SITE CLEANLINESS** - Job site must be clean and free of all litter and debris daily and upon completion of the contract. Passageways must be kept clean and free of material, equipment, and debris at all times. Flammable material must be removed from the job site daily because storage will not be permitted on the premises. Precautions must be exercised at all times to safeguard the welfare of JEFFERSON PARISH and the general public.

INSTRUCTIONS FOR BIDDERS AND GENERAL CONDITIONS

7. **PUBLIC WORKS BIDS** - All awards for public works in excess of \$5,000.00 will be reduced to a formal contract which shall be recorded at the contractor's expense with the Clerk of Court and Ex-Officio Recorder of Mortgages for the Parish of Jefferson. A price list of recordation costs may be obtained from the Clerk of Court and Ex-Officio Recorder of Mortgages for the Parish of Jefferson. All awards in excess of \$25,000.00 will require both a performance and a payment bond. Unless otherwise stated in the bid specifications, the performance bond requirements shall be 100% of the contract price. Unless otherwise state in the bid specifications, the payment bond requirements shall be 100% of the contract price. Both bonds shall be supplied at the signing of the contract.
8. **NON-PUBLIC WORKS BIDS** - A performance bond will be required for this bid. The amount of the bond will be 100% of the contract price unless otherwise indicated in the specifications. The performance bond shall be supplied at the signing of the contract.
- 9.. **NON-PUBLIC WORKS BIDS** - A payment bond will be required for this bid. The amount of the bond will be 100% of the contract price unless otherwise indicated in the specifications. The payment bond shall be supplied at the signing of the contract.
10. **INSURANCE** - All bidders must comply with the requirements stated in the attached "Standard Insurance Requirements" sheet attached to this bid solicitation. Any deviation from the Standard Insurance Requirements must be requested in writing prior to bid opening. Proof of coverage will be required prior to award. Failure to comply with this instruction will result in bid rejection.
11. **BID BOND** - A bid bond will be required with bid submission in the amount of 5% of the total bid, unless otherwise stated in the bid specifications. Vendors must submit an electronic bid bond through the respective online clearinghouse bond management system(s) as indicated in the electronic bid solicitation on Central Auction House. No scanned paper copies of any bid bond will be accepted as part of the electronic bid submission.
12. **AS-NEEDED WORK** - This is a requirements-based contract to be provided on an as needed basis. JEFFERSON PARISH makes no representations on warranties with regard to minimum guaranteed quantities unless otherwise stated in the bid specifications.
13. **FREIGHT** - Freight charges should be included in total cost when quoting. If not quoted FOB DELIVERED, freight must be quoted as a separate item. Bid may be rejected if not quoted FOB DELIVERED or if freight charges are not indicated on bid form.
14. **AFFIDAVIT** - Completed, Signed and Properly Notarized Affidavits Required; This applies to all solicitations in conformity with the provisions contained in LA.R.S. 38:2212.9, LA.R.S. 38:2212.10, LA.R.S. 38:2224, and Sec 2-923.1 of the Jefferson Parish Code of Ordinances. For bidding purposes, all bidders must submit with bid submission COMPLETED, SIGNED and PROPERLY NOTARIZED Affidavits, including: Non-Conviction Affidavit, Non-Collusion Affidavit, Campaign Contribution Affidavit, Debt Disclosures Affidavit and E-Verify Affidavit. For the convenience of vendors, all affidavits have been combined into one form entitled GENERIC BID AFFIDAVIT. This affidavit must be submitted in its original format, and without material alteration, in order to be compliant and for the bid to be considered responsive. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid, however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.
15. **FEDERAL FUNDING** - The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement and/or Federal funding/reimbursement. As such, the referenced appendix will be applicable accordingly and shall be considered a part of the bid documents and ensuing contract. All applicable certifications must be duly completed, signed and submitted as per the appendix instructions. Failure to submit applicable certifications per the appendix instruction will result in bid rejection.
16. **TAX EXEMPT** - For this project, the Contractor shall not pay any state or local sales or use taxes on materials and equipment which are affixed and made part of the immovable property of the project or which is permanently incorporated in the project (hereinafter referred to as "applicable materials and equipment"). All purchases of applicable materials or equipment shall be made by the contractor on behalf of and as the agent of Jefferson Parish (Owner), a political subdivision of the State of Louisiana. No state and local sales and use taxes are owed on applicable materials and equipment under the provisions of Act 1029 of the 1991 Regular Session - Louisiana Revised Statute 47:301(8)(c). Owner will furnish to contractor a certificate form which certifies that Owner is not required to pay such state or local sales and use taxes, and contractor shall furnish a copy of such certificate to all vendors or suppliers of the applicable materials and equipment, and report to Owner the amount of taxes not incurred.
17. **TECH AFFIDAVIT** - The Technology Affidavit is required for this solicitation and shall be submitted with the bid submission. Failure to do so will result in your bid being rejected. Pursuant to La. R.S. 38:2237.1, prior to the procurement of telecommunications or video surveillance equipment or services, the vendor shall provide documentation by affidavit that the equipment or services to be procured are not prohibited telecommunications or video surveillance equipment or services as defined in R.S. 39:1753.1(A). This affidavit is supplied as a courtesy to Affiant. It is the responsibility of the affiant to insure the affidavit submitted to Jefferson Parish complies, in both form and content, with federal, state and parish laws. No procurement shall be made from a vendor or other entity who fails to provide the documentation; any procurement in contravention to this requirement shall be null and void by law.

DATE: 5/28/2025

Page: 6

BID NO: 50-00147841

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 throughout the entirety of the contract. However, bidders may request that an escalation provision be added to their contract by selecting "yes" below. The escalation provision in the contract will state that only one escalation will be allowed during the term of the contract, and the escalation shall take effect only after the initial 12 month period of the contract. A vendor with an escalation provision in their contract must submit a request in writing to activate the provision, but should not do so any sooner than the first day of the 13th month of their contract. The escalation percentage shall be limited to the most recently published CPI figure issued at the time an adjustment is requested by bidder based on the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure.

Are you requesting an escalation provision?

YES

NO ☒

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

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

NA

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME:

PVS DX Inc

ADDRESS:

620 West 10th Avenue

CITY, STATE:

Reserve, LA

ZIP:

70084

TELEPHONE:

504 941-2767

E-MAIL:

jbert@pvschemicals.com & reserve-office@pvschemicals.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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER:

#1 for bid # 50-00147841

NUMBER:

NUMBER:

NUMBER:

TOTAL PRICE OF ALL BID ITEMS: \$

4,368,000⁰⁰

AUTHORIZED

SIGNATURE:

Jennifer Bert

TITLE:

Territory Manager

Jennifer Bert

Printed Name

6/12/2025

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.: 50-00147841

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2,600,000.00	GA	<p>THREE (3) YEAR CONTRACT FOR THE SUPPLY OF SODIUM HYPOCHLORITE SOLUTION (INDUSTRIAL STRENGTH) FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS - SEWERAGE</p> <p>0001 - Sodium Hypochlorite Solution (Industrial Strength) per submitted</p>	<p>\$ 1.68 per gallon</p> <p>FOB Delivered</p>	\$ 4,368,000.00
2	1.00	GA	<p>0002 - Chemical Excise Taxes</p> <p>This tax is assessed in accordance with IRC section 4661.</p> <p>DO NOT BID ON THIS ITEM</p> <p>PLEASE SEE ATTACHED SPECIFICATIONS</p>	<p>\$XXXXXXXXXXXX</p>	<p>XXXXXXXXXXXX</p>



PVS DX, INC.
1919 JACINTOPORT BLVD.
HOUSTON, TX 77015

Certified Copy of Corporate Resolution

I, Connie O'Guynn, duly elected and acting Assistant Secretary of PVS DX, Inc., a Michigan Corporation (the "Company"), hereby certify that the following resolution was adopted by unanimous consent of the Directors, and has not been amended or rescinded, and is still in full force and effect:

BE IT RESOLVED, Jennifer M. Bent, Territory Manager for PVS DX, Inc. be, and is hereby appointed, constituted and designated as agent and attorney-in-fact of the Company with full power and authority to act on behalf of this Company in all negotiations, bidding concerns, and transactions with Jefferson Parish, LA 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 and receipt therefore all purchase orders and notices issued pursuant to the provisions of any such bid or contract, this company hereby ratifying, approving, confirming and accepting each and every such act performed by the said agent and attorney-in-fact.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on May 29, 2025.


A handwritten signature in black ink, appearing to read "Connie O'Guynn", is written over a horizontal line.

Connie O'Guynn, Assistant Secretary

Document Details

Title	Jefferson Parish, LA Corp Resolution 2025-05-29
File Name	Jefferson Parish, LA Corp Resolution 2025-05-29.pdf
Document ID	b8d9af3d2c3c4ecbb2fe2994efb5ded0
Fingerprint	f13360244b16835051d4f2d1a1ecb1ef
Status	Completed

Document History

Document Created	Document Created by Beverley Bates (bbates@pvschemicals.com) Fingerprint: c15e1aa81306675fcfd2a23eaaaf92d	05-29-2025 09:39AM America/Chicago
Document Sent	Document Sent to Connie O'Guynn (coguynn@pvschemicals.com)	05-29-2025 09:39AM America/Chicago
Document Viewed	Document Viewed by Connie O'Guynn (coguynn@pvschemicals.com) IP: 104.47.73.126	05-29-2025 09:46AM America/Chicago
Document Viewed	Document Viewed by Connie O'Guynn (coguynn@pvschemicals.com) IP: 73.77.255.29	05-29-2025 09:46AM America/Chicago
Document Viewed	Document Viewed by Connie O'Guynn (coguynn@pvschemicals.com) IP: 3.224.125.75	05-29-2025 09:46AM America/Chicago
Document Viewed	Document Viewed by Connie O'Guynn (coguynn@pvschemicals.com) IP: 52.176.2.235	05-29-2025 09:46AM America/Chicago
Document Viewed	Document Viewed by Connie O'Guynn (coguynn@pvschemicals.com) IP: 38.202.2.194	05-29-2025 09:47AM America/Chicago
Document Signed	Document Signed by Connie O'Guynn (coguynn@pvschemicals.com) IP: 73.77.255.29 	05-29-2025 09:47AM America/Chicago

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Generic Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

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

Jennifer Bent (Affiant) who after being duly sworn by me, deposed and said that he/she is the fully authorized territory manager of PVS Dx Inc. (Entity), who submitted a bid 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. 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 ✓ There are NO campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

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 of Jefferson to the Affiant.

Choice B ✓ 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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

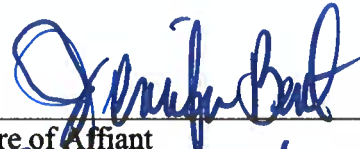
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67.16)
- (c) False accounting (R.S. 14:70)
- (d) Issuing worthless checks (R.S. 14:71)
- (e) Bank fraud (R.S. 14:71.1)
- (f) Forgery (R.S. 14:72)
- (g) Contractors; misapplication of payments prohibited (R.S. 14:202)
- (h) Malfeasance in office (R.S. 14:134)

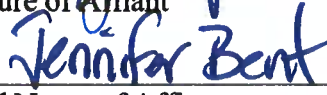
The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract canceled, the awarded entity

making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2) above.



Signature of Affiant


Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME,
NOTARY PUBLIC ON THE 10th DAY
OF June, 20 25.

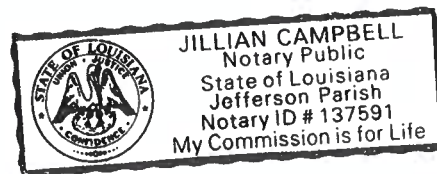


Notary Public
Jillian Campbell

Printed Name of Notary

137591

Notary/Bar Roll Number



My commission expires upon death.

Safety Data Sheet

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Identifier: **DIXICHLOR MAX**
Synonyms: Bleach, Sodium Hypochlorite, Sodium Hypochlorite 12.5%
Intended use: Swimming pool chlorinator, Hard surface cleaner, Water treatment chemical, Biocides
Uses Advised Against: None identified. This is a pesticide product, do not use in a pesticide application that is not included on the label.

Company Identification
PVS DX, Inc
1919 Jacintoport
Blvd. Houston, TX
77015
Petra Chemical
2929 Storey Lane
Dallas, TX 75220

Emergency
CHEMTREC (USA) (800) 424-9300
24 hour Emergency Telephone No. (281) 457-4888
www.dxgroup.com

2. Hazard identification of the product

Physical hazards	Corrosive to metals	Category 1
Health hazards	Causes severe skin burns and eye damage Serious eye damage Specific target organ toxicity, single exposure	Category 1A Category 1 Category 3 respiratory tract irritation
Environmental hazards	Very toxic to aquatic life Toxic to aquatic life with long lasting effects	Category 1 Acute Category 2 Chronic

Label elements

Using the Toxicity Data listed in section 11 and 12 the product is labeled as follows.



Signal Word	Danger
Hazard Statements	CORROSIVE. Causes serious eye damage. Causes severe skin burns. Causes damage to respiratory system when inhaled. Very toxic to aquatic life. Toxic to aquatic life with long lasting effects. May be corrosive to metals.
Precautionary Statements	
Prevention	Do not breathe mist / vapors / spray. Avoid contact with skin, eyes and clothing. Wash thoroughly after handling. Avoid release to the environment. Wear protective gloves / eye protection / face protection. Keep only in original container. Use in well ventilated area. Store in corrosive resistant container with a resistant inner liner.
Response	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. IF ON SKIN: Remove / Take off immediately all contaminated clothing. Wash with plenty of soap and water. IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing. Call a POISON CENTER or doctor / physician if you feel unwell. IF IN EYES: Rinse continuously with water for several minutes. Remove contact lenses if present and easy to do - continue rinsing. Immediately call a POISON CENTER or doctor / physician. Wash contaminated clothing before reuse. Collect spillage.
Storage	Store in a well-ventilated place. Keep container tightly closed. Store locked up. Protect from sunlight.
Disposal	Dispose of contents / container in accordance with local / national regulations.

Safety Data Sheet

3. Composition/information on ingredients

Synonyms: Bleach, Sodium Hypochlorite, Sodium Hypochlorite 12.5%

Ingredient	CAS Number	Percent (%)	GHS Classification	NOTES
Sodium hypochlorite.	7681-52-9	12.5 - 15.6	Skin Corr. 1B; Aquatic Acute 1; Eye Dam. 1	[1]
Sodium chloride	7647-14-5	9 - 10	Not classified	[1]
Sodium hydroxide	1310-73-2	0.5 - 2	Skin Corr. 1A;H314 Met. Corr. 1;H290	[1][2]

In accordance with paragraph (i) of §1910.1200, the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret.

[1] Substance classified with a health or environmental hazard.

[2] Substance with a workplace exposure limit.

*The full texts of the phrases are shown in Section 16.

4. First Aid Measures

General	Effects of exposure (inhalation, ingestion or skin contact) to substance may be delayed. Ensure that medical personnel are aware of the material(s) involved and take precautions to protect themselves.
Inhalation	Move victim to fresh air. Call emergency medical care. Apply artificial respiration if victim is not breathing. Do not use mouth-to-mouth method if victim ingested or inhaled the substance; induce artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device. Administer oxygen if breathing is difficult.
Eyes	Irrigate copiously with clean fresh water for at least 10 minutes, holding the eyelids apart. Get medical attention. Remove contact lenses if present and easy to do - continue rinsing.
Skin	Remove contaminated clothing. Wash skin thoroughly with soap and water or use a recognized skin cleanser. Do NOT use solvents or thinners.
Ingestion	If accidentally swallowed obtain immediate medical attention. Rinse mouth. Keep at rest. Do NOT induce vomiting. If vomiting occurs, keep head low so that stomach content does not get into lungs.
Most important symptoms and effects, both acute and delayed	
Overview	Corrosive effects. 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	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
General information	Ensure that medical personnel are aware of the material(s) involved and take precautions to protect themselves. Show this safety data sheet to the doctor in attendance.

5. Fire-fighting measures

Recommended Extinguishing media	Alcohol resistant foam, CO ₂ , dry chemical powder, water spray. Do not use water jet.
Special hazards arising from the substance or mixture	Hydrogen chloride and chlorine. Chlorine gas rate of decomposition increases with the concentration with temperatures above 85 °F (30 °C). Do not breathe mist / vapors / spray.
Advice for fire-fighters	Wear positive pressure self-contained breathing apparatus (SCBA). Wear chemical protective clothing that is specifically recommended by the manufacturer. It may provide little or no thermal protection. Structural firefighters' protective clothing provides limited protection in fire situations ONLY; it is not effective in spill situations where direct contact with the substance is possible. Non-combustible, substance itself does not burn but may decompose upon heating to produce corrosive and/or toxic fumes. Some are oxidizers and may ignite combustibles (wood, paper, oil, clothing, etc.). Contact with metals may evolve flammable hydrogen gas. Containers may explode when heated. TOXIC; inhalation, ingestion or skin contact with material may cause severe injury or death. Contact with molten substance may cause severe burns to skin and eyes. Avoid any skin contact. Effects of contact or inhalation may be delayed. Fire may produce irritating, corrosive and/or toxic gases. Runoff from fire control or dilution water may be corrosive and/or toxic and cause pollution. ERG Guide No. 154

Safety Data Sheet

6. Accidental release measures

Personal precautions, protective equipment and emergency procedures	<p>ELIMINATE all ignition sources (no smoking, flares, sparks or flames in immediate area). Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Wash hands before eating, drinking, smoking or using toilet. Promptly remove soiled clothing and wash thoroughly before reuse.</p> <p>Stop leak if you can do it without risk.</p> <p>Prevent entry into waterways, sewers, basements or confined areas.</p> <p>Absorb or cover with dry earth, sand or other non-combustible material and transfer to containers. Local authorities should be contacted if significant spill cannot be contained.</p>
Environmental precautions	Do not allow spills to enter drains or watercourses.
Methods and material for containment and cleaning up	<p>Large Spills: Stop the flow of material, if this is without risk. Dike the spilled material, where this is possible. Absorb in vermiculite, dry sand or earth and place into containers. Following product recovery, flush area with water.</p> <p>Small Spills: Wipe up with absorbent material (e.g. cloth, fleece). Clean surface thoroughly to remove residual contamination.</p> <p>Never return spills in original containers for re-use. For waste disposal, see Section 13 of the SDS.</p>

7. Handling and storage

Precautions for safe handling	Wear appropriate personal protective equipment. Do not get in eyes, on skin, on clothing. Chemical attack increases with solution strength. Use with adequate ventilation. Observe good industrial hygiene practices. Do not apply heat or direct sunlight. Temperature and product concentration affect product quality and decomposition rates.
Conditions for safe storage, including any incompatibilities	Handle containers carefully to prevent damage and spillage. Keep container tightly closed. Store in a cool and well-ventilated place. Store in a corrosive resistant container. Consult container manufacturer for additional guidance. Store away from and do not mix with incompatible materials such as acids, ammonia, urea, oxidizers, organics and metals such as nickel, copper, tin, aluminum and iron.

8. Exposure controls and personal protection

Exposure Control Parameters

CAS No.	Ingestion	Source	Value
1310-73-2	Sodium hydroxide	OSHA	TWA 2 mg/m3
		ACGIH	Ceiling: 2 mg/m3
		NIOSH	C 2 mg/m3
7647-14-5	Sodium chloride	OSHA	No Established Limit
		ACGIH	No Established Limit
		NIOSH	No Established Limit
7681-52-9	Sodium hypochlorite.	OSHA	No Established Limit
		ACGIH	No Established Limit
		NIOSH	No Established Limit

Individual protection measures, such as personal protective equipment

Respiratory	Use NIOSH/MSHA approved respirator, following manufacturer's recommendations when concentrations exceed permissible exposure limits.
Eyes	Wear face shield with safety glasses with side shields and/or safety goggles.
Skin	Chemical resistant clothing such as coveralls/apron boots should be worn. Chemical Impervious gloves.
Engineering Controls	Provide adequate ventilation. Where reasonably practicable this should be achieved by the use of local exhaust ventilation and good general extraction. If these are not sufficient to maintain concentrations of particulates and any vapor below occupational exposure limits suitable respiratory protection must be worn. Eye wash and safety shower must be available when handling this product
Other Work Practices	Use good personal hygiene practices. Wash hands before eating, drinking, smoking or using toilet. Promptly remove soiled clothing and wash thoroughly before reuse.

Safety Data Sheet

9. Physical and chemical properties

Appearance	Clear, pale yellow, or greenish Liquid
Odor	Pungent, chlorine odor
Odor threshold	0.9 mg/m ³
pH	12 - 13
Melting point / freezing point	-3 °F (-19.4 °C)
Initial boiling point and boiling range	Decomposes above 230 °F (110 °C)
Flash Point	Nonflammable
Evaporation rate (Ether = 1)	Not Established
Flammability (solid, gas)	Not Applicable
Upper/lower flammability or explosive limits	Lower Explosive Limit: Not Measured Upper Explosive Limit: Not Measured
Vapor pressure (mmHg)	17.5 (@ 20° C)
Vapor Density	Not Established
Specific Gravity	1.20 - 1.40
Solubility in Water	Complete
Partition coefficient n-octanol/water (Log Kow)	Not Measured
Auto-ignition temperature (°C)	Not Measured
Decomposition temperature	Not Measured
Viscosity (cSt)	Not Measured
VOC %	Not Measured
Other information	No other relevant information.

10. Stability and reactivity

Reactivity	Hazardous Polymerization will not occur.
Chemical stability	Stable under normal circumstances.
Possibility of hazardous reactions	No data available.
Conditions to avoid	Contact with incompatible materials. Acid contact will produce chlorine gas.
Incompatible materials	Any acidic material, ammonia, urea, oxidizers, organics and metals such as nickel, copper, tin, aluminum and iron.
Hazardous decomposition products	No hazardous decomposition products are known.

11. Toxicological information

Acute toxicity

Ingredient	Oral LD50, mg/kg	Skin LD50, mg/kg	Inhalation Vapor LC50, mg/L/4hr	Inhalation Dust/Mist LC50, mg/L/4hr	Inhalation Gas LC50, ppm
Sodium hypochlorite (7681-52-9)	5,000.00, Rat - Category: 5	10,000.00, Rabbit - Category: NA	10.50, Rat - Category: 4	No data available	No data available
Sodium chloride (7647-14-5)	1,350.00, Rabbit - Category: 4	100.00, Rat - Category: 2	40.00, Mouse - Category: NA	10,500.00, Rat - Category: NA	No data available
Sodium hydroxide (1310-73-2)	6,600.00, Mouse - Category: NA	1,350.00, Rabbit - Category: 4	600.00, Mouse - Category: NA	No data available	No data available

Safety Data Sheet

11. Toxicological information Acute toxicity (cont.)

Item	Hazard
Acute Toxicity (mouth)	Ingestion may cause gastrointestinal irritation, nausea, vomiting and diarrhea. Ingestion may produce burns to the lips, oral cavity, upper airway, esophagus and possibly the digestive tract.
Acute Toxicity (skin)	Harmful in contact with skin.
Acute Toxicity (inhalation)	Vapors and spray mist may irritate throat and respiratory system and cause coughing.
Skin corrosion/irritation	Causes severe skin burns and eye damage.
Eye damage/irritation	Causes serious eye damage.
Sensitization (respiratory)	No data available.
Sensitization (skin)	No data available.
Germ toxicity	No data available.
Carcinogenicity	Not considered to be a carcinogen by IARC, ACGIH, NTP or OSHA.
Reproductive Toxicity	No data available.
Specific target organ systemic toxicity (single exposure)	May cause respiratory irritation.
Specific target organ systemic Toxicity (repeated exposure)	Not Applicable.
Aspiration hazard	Not classified; however droplets of product may be aspirated into lungs, through ingestion or vomiting and may cause serious chemical pneumonia.

12. Ecological information

Toxicity: Very toxic to aquatic life. Toxic to aquatic life with long lasting effects.

Aquatic Ecotoxicity

Ingredient	96 hr LC50 fish, mg/l	48 hr EC50 crustacea, mg/l	ErC50 algae, mg/l
Sodium hypochlorite (7681-52-9)	0.08, Pimephales promelas	0.032, Daphnia magna	0.40 (72 hr), Dunaliella primolecta
Sodium chloride (7647-14-5)	1,100.00, Freshwater Fish	3,310.00, Daphnia magna	Not Available
Sodium hydroxide (1310-73-2)	196.00, Poecilia reticulata	40.38, Ceriodaphnia dubia	Not Available

Persistence and degradability:	There is no data available on the preparation itself.
Bioaccumulative potential:	Not Measured
Mobility in soil:	No data available.
Results of PBT and vPvB assessment:	This product contains no PBT/vPvB chemicals.
Other adverse effects:	No other effects are expected.

13. Disposal considerations

Waste treatment methods:	Do not allow into drains or water courses. Wastes and emptied containers should be disposed of in accordance with regulations made under the Control of Pollution Act and the Environmental Protection Act. Using information provided in this data sheet, advice should be obtained from the Waste Regulation Authority, whether the special waste regulations apply.
Waste from material:	The waste determination should be made in discussion between the user and the waste disposal company.
Container Management:	Empty containers should be taken to an approved waste handling site for recycling or disposal. Since emptied containers may retain product residue, follow label warnings even after container is emptied.

Safety Data Sheet

14. Transport information

UN number:	UN1791
UN proper shipping name:	Hypochlorite solutions
Transport hazard class(es)	
DOT (Domestic Surface Transportation)	
DOT Proper Shipping Name:	Hypochlorite solutions
DOT Hazard Class:	8
DOT Label:	8
UN / NA Number:	UN1791
DOT Packing Group:	III
CERCLA/DOT RQ:	100 lbs.
Environmental hazards:	IMDG Marine Pollutant: Yes (Sodium hypochlorite)
Special precautions for user:	Not Applicable

15. Regulatory information

Regulatory Overview:	The regulatory data in Section 15 is not intended to be all-inclusive, only selected regulations are represented. All ingredients of this product are listed on the TSCA (Toxic Substance Control Act) Inventory.	
WHMIS Classification	D2B E	
US EPA Tier II Hazards:	Fire:	No
	Sudden Release of Pressure:	No
	Reactive:	No
	Immediate (Acute):	Yes
	Delayed (Chronic):	No
SARA 302 Extremely Hazardous Substance:	No	
SARA 311/312 Chemicals and RQs (lbs) (>0.1%) :	100	
SARA 313 (TRI):	No	
CAA Section 112 Hazardous Air Pollutant:	No	
CAA Section 112R Risk Management Plan:	No	
State Regulations	N.J. RTK Substances (>1%) :	Listed
	Penn RTK Substances (>1%) :	Listed
	California Prop 65:	Not Listed

16. Other information:

EPA Registration Number: 813-15

NSF Maximum Use Level (STD 60): Check BOL for facility Data. (37 to 84 mg/L)

H314 Causes severe skin burns and eye damage.

H290. May be corrosive to metals

Revision Information: This is the first version of this SDS.

The information and recommendations contained herein are based upon data believed to be correct. However, no guarantee or warranty of any kind, expressed or implied, is made with respect to the information contained herein. We accept no responsibility and disclaim all liability for any harmful effects which may be caused by exposure to our products. Customers/users of this product must comply with all applicable health and safety laws, regulations, and orders.

THE USER IS CAUTIONED TO PERFORM HIS OWN HAZARD EVALUATION AND TO RELY ON HIS OWN DETERMINATIONS.

May 30, 2025



PVS DX, Inc.
620 West 10th Street
Reserve, LA 70084
PH: 985.536.1172
FX: 985.536.7203

Louisiana Preference

PVS DX INC. does claim Louisiana Preference in the production, repackaging, and distribution of chlorine, sodium hypochlorite, and sulfur dioxide. PVS DX INC produces, repackages, and distributes these products at our facility at:

**620 West 10th Street
Reserve, LA 70084-6915**

Please let us know if we can be of any further assistance in this matter.

Sincerely,

Jennifer Bent

Jennifer Bent
Territory Manager
PVS DX INC

PRODUCT SPECIFICATIONS

Dixichlor Max (HA)
Sodium Hypochlorite 12.5%
EPA Registration No. 813 -15

	<u>Minimum</u>	<u>Maximum</u>
Sodium Hypochlorite % by weight	12.50	15.62
Available Chlorine % by weight	12.0	14.88
Excess Caustic % by weight	0.1	5.0





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2025

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 RSC Insurance Brokerage, Inc. 26026 Telegraph Rd, Suite 100 Southfield MI 48033		CONTACT NAME: Lisa Case PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877 E-MAIL ADDRESS: lcase@risk-strategies.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Amerisure Insurance Company	
		INSURER B: Amerisure Mutual Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES	CERTIFICATE NUMBER: 25-26 Master	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENT'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL0125812	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 2,000,000				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA1049675	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
	<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 \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							\$
B	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N	N/A	WC0764044	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			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)

RE: 5000147841-Three (3) Year Contract for The Supply of Sodium Hypochlorite Solution (Industrial Strength) for the Jefferson Parish Sewerage Department

Certificate holder, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council and the Department of Water are added as Additional Insured (General Liability/Automobile) with respect to work/services performed/products supplied by Named Insured as per written contract/agreement. Waiver of Subrogation applies to General Liability/Automobile and Workers Compensation as required per written contract/agreement.

CERTIFICATE HOLDER The Parish of Jefferson (see attached) 1221 Elmwood Park Blvd Suite 909 Jefferson LA 70123	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 
--	--

AGENCY CUSTOMER ID: 00016161

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY RSC Insurance Brokerage Inc/Ralph C Wilson Agency		NAMED INSURED Pressure Vessel Services Inc, DBA: PVS Chemicals Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

Certificate Holder is amended to read as follows:

The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council and the Department of Water



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/10/2025

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 Aon Risk Services Central, Inc. MSC# 17385 Aon PO Box 1447 Lincolnshire IL 60069 USA	CONTACT NAME:		
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:		
INSURED PVS Chemicals, Inc. 10900 Harper Avenue Detroit MI 48213 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Navigators Specialty Insurance Company		36056
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

Holder Identifier :

COVERAGES

CERTIFICATE NUMBER: 570113109856

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	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						EACH OCCURRENCE
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
							PRODUCTS - COMPIOP AGG
	GENTL AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
A	Contractors Pollution Liability			CH25ECP731237IC	04/01/2025	04/01/2028	Aggregate Limit \$5,000,000 Per Occurrence Limit \$5,000,000 SIR/Deductible \$100,000

Certificate No : 570113109856

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

Certificate Holder includes: The Parish of Jefferson, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council and the Department of Water. RE: 5000147841-Three (3) Year Contract for The Supply of Sodium Hypochlorite Solution (Industrial Strength) for the Jefferson Parish Sewerage Department Jefferson Parish Government.

CERTIFICATE HOLDER

CANCELLATION

The Parish of Jefferson
1221 Elmwood Park Blvd., Suite 909
Jefferson LA 70123 USA

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

Aon Risk Services Central, Inc.



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED PVS Chemicals, Inc.	
POLICY NUMBER See Certificate Number: 570113109856			
CARRIER See Certificate Number: 570113109856	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Schedule of Named Insureds

PVS Technologies, Inc.
 PVS Transportation, Inc.
 PVS-Nolwood Chemicals, Inc.
 PVS Minibulk, Inc.
 PVS Chloralkali, Inc.
 PVS Chemical Solutions, Inc.
 PVS Steel Services, Inc.
 PVS - CDI Chemicals, Inc
 PVS DX
 PVS Sackett-Waconia
 JST ACQUISITION COMPANY, L.L.C.
 PVS HOLDINGS, INC.
 NEW HAVEN TRANSPORT, INC.
 CT Tech
 PVS EHS&S, LLC
 Fanchem Ltd. dba PVS Haulin Acid
 DPC Industries, Inc.
 DXI Industries, Inc.
 Petra Chemical Company LLC
 The Chantland PVS Company
 Continental Tanker Tech

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) PVS DX INC.		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 1919 JACINTOPORT BLVD 6 City, state, and ZIP code HOUSTON, TX 77015 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.

Social security number								
			-					
or								
Employer identification number								
9	3	-	3	2	9	2	7	8 4

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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. 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 1-1-24
------------------	--------------------------	--------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they