

**Jefferson Parish
West Bank Purchasing Department
Attention: Melissa Ovalle, Buyer
Suite 4400
Jefferson Parish General Gov. Building
200 Derbigny St.
Gretna, LA 70053**

**Sealed proposal for: 50-00124799
Title: ITB: Two (2) Year Contract for
Chemical Analyses for Unregulated Contaminant
Monitoring for the Jefferson Parish East Bank and West Bank
Water Treatment Plants**

Due: December 13, 2018, 2:00 PM

Procurement Officer:
Melissa Ovalle (504)64-2687

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

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

Are you requesting an escalation provision?

YES _____ NO

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF December 31, 2020

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 December 31, 2018

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Pace Analytical Services, LLC

ADDRESS: 8 East Tower Circle

CITY, STATE: Ormond Beach, FL ZIP: 32174

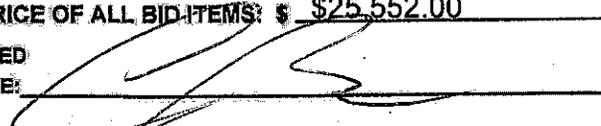
TELEPHONE: (386) 672-5668 FAX: (386) 673-4001

EMAIL ADDRESS: Becki.Day@pacelabs.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: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ \$25,552.00

AUTHORIZED SIGNATURE: 

Craig Bennett

Printed Name

TITLE: General Manager

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

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

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124799

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	16.00	EA	<p>TWO (2) YEAR CONTRACT FOR CHEMICAL ANALYSES FOR UNREGULATED CONTAMINANT MONITORING FOR THE JEFFERSON PARISH EAST BANK AND WEST BANK WATER TREATMENT PLANTS</p> <p>0010 - SAMPLE ANALYSES VIA EPA METHOD 200.8 FOR THE LIST 1 ASSESSMENT</p> <p>MONITORING FOR METALS: GERMANIUM AND MANGANESE. SAMPLE ANALYSES VIA EPA METHOD 525.3 FOR THE LIST 1 ASSESSMENT MONITORING OF PESTICIDES AND A PESTICIDE MANUFACTURING BYPRODUCT: ALPHA-HEXACHLOROCYCLOHEXANE, CHLOROSPYRIFOS, DIMETHIPIN, ETHOPROP, OXYFLUORFEN, PROFENOFOS, TEBUCONAZOLE, TOTAL PERMETHRIN (CIS- AND TRANS-), TRIBUFOS. SAMPLE ANALYSES VIA EPA METHOD 541 FOR THE LIST 1 ASSESSMENT MONITORING OF ALCOHOLS: 1-BUTANOL, 2-METHOXYETHANOL, 2-PROPEN-1-OL. SAMPLE ANALYSES VIA EPA METHOD 530 FOR THE LIST 1 ASSESSMENT MONITORING OF SEMI-VOLATILE CHEMICALS: BUTYLATED HYDROXYANISOL, O-TOLUIDINE, AND QUINOLINE.</p> <p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</p>	\$426.00	\$6,816.00
2	80.00	EA	<p>0020 - SAMPLE ANALYSES VIA EPA METHOD 552.3 / 557 FOR THE LIST 2 ASSESSMENT</p> <p>MONITORING FOR THREE BROMINATED HAA DISINFECTION BY-PRODUCT GROUPS: HAA5, HAA6Br, AND HAA9.</p> <p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</p>	\$89.00	\$7,120.00
3	8.00	EA	<p>0030 - SAMPLE ANALYSES VIA EPA METHOD 300.1 AND SM5310C FOR THE LIST 2</p> <p>ASSESSMENT MONITORING FOR TOC AND BROMIDE.</p>	\$64.00	\$512.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124799

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
4	32.00	EA	<p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</p> <p>0040 - SAMPLE ANALYSES VIA EPA METHOD 546 FOR THE LIST 3 ASSESSMENT MONITORING FOR TOTAL MICROCYSTINS.</p>		
5	32.00	EA	<p>SAMPLE ANALYSES VIA EPA METHOD 545 FOR THE LIST 3 ASSESSMENT MONITORING FOR CYLINDROSPERMOPSISIN AND ANATOXIN-A.</p> <p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</p> <p>0050 - SAMPLE ANALYSES VIA EPA METHOD 544 FOR THE LIST 3 ASSESSMENT MONITORING FOR THE 7 SPECIFIC MICROCYSTINS. ANALYSIS REQUIRED ONLY IF EPA 546 IS POSITIVE.</p>	\$298.00	\$9,536.00
			<p>SAMPLE BOTTLES AND SHIPPING CONTAINERS WILL BE PROVIDED BY THE LABORATORY. RETURN SHIPPING COSTS WILL BE PROVIDED BY JEFFERSON PARISH.</p> <p>FEDERALLY REQUIRED PARTICIPATION IN UNREGULATED CONAMINANT MONITORING.</p> <p>**VENDORS MUST SUBMIT ONE PRICE FOR ALL ANALYSES LISTED ABOVE**</p>	\$49.00	\$1,568.00

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

INCORPORATED.

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

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

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

SECRETARY-TREASURER

DATE

NA

***Please see letter of Authority written By our President of Pace Analytical
Services, LLC Steve Vanderboom. Page 6 of the ITB pdf file.



Pace Analytical Services, LLC
1800 Elm Street SE
Minneapolis, MN 55414
Phone: 612.607.6400
Fax: 612.607.6344
www.pacelabs.com

Let it be known that, as of November 10, 2013, by order and consent of the Board of Directors of Pace Analytical Services, LLC, any Pace employee who has achieved the level of distinction, trust, and responsibility sufficient to have "General Manager" in his or her title, shall henceforth be authorized to bind Pace Analytical Services, LLC in connection with all contractual matters, by affixing his or her signature to any and all documents requiring evidence of corporate authority and consent.

This authorization is valid until further written notice from me or my representative.

Sincerely,

Steve Vanderboom
President/Chief Executive Officer
Pace Analytical Services, LLC

Gregory Whitman
Secretary
Pace Analytical Services, LLC

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

Non-Public Works Bid

AFFIDAVIT

STATE OF Florida

PARISH/COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally came and appeared: Craig Bennett, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized General Manager of Pace Analytical Services, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00124799, to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

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

Choice A _____

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

Choice B

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

Affiant further said:

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

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

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



Signature of Affiant

Craig Bennett

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11th DAY OF December, 2018.



Notary Public

Elizabeth Boivin Day

Printed Name of Notary

FF901100

Notary/Bar Roll Number

My commission expires 7/19/2019.



Elizabeth Boivin Day
COMMISSION #FF901100
EXPIRES: July 19, 2019
WWW.AARONNOTARY.COM



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

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

Pace Analytical Services - Florida
8 East Tower Cir
Ormond Beach, FL 32174

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

LabID: FL01264

Method Name	Status	Date
EPA 200.8	Approved	4/3/2017
EPA 525.3	Approved	9/5/2017
EPA 530	Approved	6/19/2017
EPA 541	Approved	9/5/2017
EPA 544	Approved	11/21/2017
EPA 545	Approved	4/3/2017
EPA 546	Approved	4/3/2017
EPA 552.3	Approved	11/21/2017

End of Method List

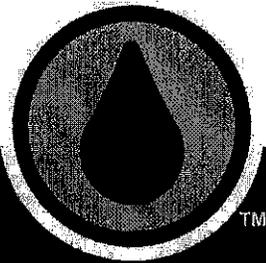
This information will be included in the list of UCMR 4 approved laboratories on our website. Your approval status will be maintained during UCMR 4 by continuing to meet the criteria given in the "UCMR 4 Laboratory Approval Requirements and Information Document, Version 2.0," and any revisions to the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

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



Lynn Baylor
Pace Analytical Services - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174
USA

WS-252



Final Report

WatR™ Supply Proficiency Testing

WatR™ Supply Study

Open Date: 07/10/17

Close Date: 08/24/17

Report Issued Date: 08/29/17



A Waters Company

August 29, 2017

Lynn Baylor
Pace Analytical Services - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174

Enclosed is your final report for ERA's WS-252 WatR™ Supply Proficiency Testing (PT) study. Your final report includes an evaluation of all results submitted by your laboratory to ERA.

Data Evaluation Protocols: All analytes in ERA's WS-252 WatR™ Supply Proficiency Testing (PT) study have been evaluated using the following tiered approach. If the analyte is listed in the current TNI Fields of Proficiency Testing (FoPT) tables, the evaluation was completed by comparing the reported result to the acceptance limits generated using the criteria contained in the TNI FoPT tables. If the analyte is not included in the TNI FoPT tables, the reported result has been evaluated using the procedures outlined in ERA's Standard Operating Procedure for the Generation of Performance Acceptance Limits (SOP 730002268).

Corrective Action Help: As part of your accreditation(s), you may be required to identify the root cause of any "Not Acceptable" results, implement the necessary corrective actions, and then satisfy your PT requirements by participating in a Supplemental (QuiK™ Response) or future ERA PT study. ERA's technical staff is available to help your laboratory resolve any technical issues that may be impairing your PT performance and possibly affecting your routine data quality. Our laboratory and technical staff have many years of collective experience in performing the full range of environmental analyses. As part of our technical support, ERA offers QC samples that can be useful in helping you work through your technical issues.

At the request of the TNI Accreditation Council, we have included a Laboratory Exception Report that includes a list of all analytes reported with less than qualifiers when the assigned value was greater than "0." In addition, because we have received many requests from laboratories, this report also includes a list of all analytes with "Not Acceptable" evaluations.

Some states have elected not to convert to the 2009 TNI Standards at this time. If you have released your results to a state that has retained the 2003 NELAC Evaluation Criteria, your final report will include a section that evaluates the results according to the 2003 Standard in addition to the 2009 TNI Standards.

Thank you for your participation in ERA's WS-252 WatR™ Supply Proficiency Testing study. If you have any questions, please contact our Proficiency Testing Department at 1-800-372-0122.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Larson", is written over a horizontal line.

Patrick Larson
Quality Officer

attachments



A Waters Company

Report Recipient	Contact/Phone Number	Reporting Type	Evaluation Type
Alabama	Tom DeLoach / 334-271-7791	All Analytes	2009 TNI
Alabama (Micro)	Angelica Webb / 334-260-3461	All Analytes	2009 TNI
Delaware	Brenda Haire / 302-741-8630	All Analytes	2009 TNI
EPA Region 8	Marcie Tidd / (303) 312-7764	All Analytes	2009 TNI
Florida	Vanessa Soto / 904-791-1599	All Analytes	2009 TNI
Georgia	Lynne Grubb / 404-657-3189	All Analytes	2009 TNI
Hawaii	Robert Pineda / 808-453-6679	All Analytes	2009 TNI
Illinois	Kathy Marshall / 217-785-5163	All Analytes	2009 TNI
Indiana	Katie Sullivan / 317-921-5505	All Analytes	2009 TNI
Kansas	Sara Hoffman / 785-296-3811	All Analytes	2009 TNI
Louisiana (WS)	Jessica Sims / 225-219-5205	All Analytes	2009 TNI
Maryland	Linda Ames / 410-537-3712	All Analytes	2009 TNI
Mississippi	Janet Hartin / 601-576-7582	All Analytes	2009 TNI
Missouri	Richard Kirsch / (573) 526-4909	All Analytes	2009 TNI
Montana	Russell Leu / 406-444-5259	All Analytes	2009 TNI
Nebraska	Laurie Wieting / 402-471-8407	All Analytes	2009 TNI
Nevada	Paige Menicucci / 775-687-9311	All Analytes	2003 NELAC
New Hampshire	Donna Jones / (603) 271-3303	All Analytes	2009 TNI
New Jersey	Rachel Ellis / 609-777-1749	All Analytes	2009 TNI
New York	ELAP Office / 518-485-5570	All Analytes	2003 NELAC
North Carolina (WS)	Chris Goforth / 919-807-8871	All Analytes	2009 TNI
Oklahoma	David Caldwell / 405-702-1039	All Analytes	2003 NELAC
Puerto Rico (Chem)	Mariely Rivera-Rosado / 787-274-7713	All Analytes	2009 TNI
South Carolina	Susan Jackson / 803-896-0978	All Analytes	2009 TNI
Tennessee	Prasad Subbanna / 615-532-0181	All Analytes	2009 TNI
Virgin Islands	Nadalie Joseph / 340-773-1082 x 2288	All Analytes	2009 TNI



WS-252 Definitions & Study Discussion

Study Dates: 07/10/17 - 08/24/17

Report Issued: 08/29/17

WS Study Definitions

The Reported Value is the value that the laboratory reported to ERA.

The ERA Assigned Values are compliant with the current TNI Fields of Proficiency Testing (FoPT) tables. A parameter not added to the standard is given an Assigned Value of "< PTRL" per the guidelines contained in the 2009 TNI Standards. The assigned values are directly traceable to the commercially prepared starting materials used to manufacture the PT standards.

The Acceptance Limits are established per the criteria contained in the most current TNI FoPT tables, or ERA's SOP for the Generation of Performance Acceptance Limits™ as applicable.

The Performance Evaluation:

- Acceptable = Reported Value falls within the Acceptance Limits.
- Not Acceptable = Reported Value falls outside the Acceptance Limits.
- No Evaluation = Reported Value cannot be evaluated.
- Not Reported = No Value reported.

The Method Description is the method the laboratory reported to ERA.

WS Study Discussion

ERA's WS-252 WatR™ Supply Proficiency Testing study has been reviewed by ERA senior management and certified compliant with the requirements of the 2009 TNI PT Standards and the criteria contained in the most current TNI Fields of Proficiency Testing (FoPT) tables.

ERA's WS-252 WatR™ Supply study standards were examined for any anomalies. A full review of all homogeneity, stability and accuracy verification data was completed. All analytical verification data for all analytes in the standards met the acceptance criteria contained in the 2009 TNI PT Standard and the criteria contained in the most current TNI FoPT tables.

The data submitted by participating laboratories was also examined for study anomalies. There were no anomalies observed during the statistical review of the data.

ERA's WS-252 WatR™ Supply study reports shall not be reproduced except in their entirety and not without the permission of the participating laboratories. The report must not be used by the participating laboratories to claim product endorsement by any agency of the U. S. government.

The data contained herein are confidential and intended for your use only.

If you have any questions or concerns regarding your assessment in ERA's WatR™ Supply Proficiency Testing program, please contact our Proficiency Testing Department at 1-800-372-0122.





A Waters Company

Final Report Results For Laboratory Pace Analytical Services - Ormond Beach





A Waters Company

2009 TNI Evaluation Report

Study: **WS-252**

ERA Customer Number: **E550101**

Laboratory Name: **Pace Analytical Services
- Ormond Beach**

Inorganic Results





WS-252 2009 TNI Evaluation Final Complete Report

Ver. 1
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A Waters Company

Lynn Baylor
QA Analyst
Pace Analytical Services - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174
(386) 676-4803

EPA ID:
ERA Customer Number:
Report Issued:
Study Dates:

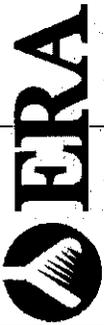
FL01264
E550101
08/29/17
07/10/17 - 08/24/17

TNI Analyte Code	Analyte	Units	Reported Value	Assigned Value	Acceptance Limits	Performance Evaluation	Method Description	Analysis Date	Z Score	Study Mean	Study Standard Deviation	Analyst Name
WS Hexavalent Chromium (cat# 854, lot# S252-658)												
1045	Hexavalent Chromium	µg/L	46.6	47.2	37.8 - 56.6	Acceptable	EPA 8160-G-09B	8/9/2017	0.183	47.0	2.03	SEM
WS Hexavalent Chromium (cat# 854, lot# S252-658)												
1045	Hexavalent Chromium	µg/L	47.3	47.2	37.8 - 56.6	Acceptable	EPA 8160-G-09B	8/9/2017	0.183	47.0	2.03	SEM
WS Uranium (cat# 858, lot# S252-930)												
3055	Uranium (As)	µg/L	87.4	87.0	74.7 - 102	Acceptable	EPA 8210-A-09	7/25/2017	-0.053	86.5	3.79	KEK
WS Inorganic Disinfection #1 (cat# 5270, lot# S252-5272)												
1570	Chlorate	µg/L	129	126	88.5 - 166	Acceptable	EPA 300.1-997	7/23/2017	1.23	124	8.23	CMB
1595	Chlorite	µg/L	213	209	146 - 272	Acceptable	EPA 300.1-997	7/23/2017	0.211	209	17.4	CMB
WS Inorganic Disinfection #2 (cat# 5260, lot# S252-5262)												
1585	Bromate	µg/L	183	183	132.9 - 23.9	Not Reportable				18.5	1.91	
1540	Bromide	µg/L	87	80.0	68.0 - 92.0	Acceptable	EPA 300.0 2.1 1983	7/23/2017	0.643	81.5	8.59	ALD
WS Inorganic Disinfection #2 (cat# 5260, lot# S252-5262)												
1535	Bromate	µg/L	19.6	18.4	11.93 - 26.9	Acceptable	EPA 300.1-997	7/22/2017	0.363	18.5	1.93	CMB
1540	Bromide	µg/L	79.7	80.0	68.0 - 92.0	Acceptable	EPA 300.1-997	7/22/2017	-0.207	81.5	8.59	CMB
WS Nitrite (cat# 594, lot# S252-695)												
1840	Nitrite-N	mg/L	0.93	0.93	0.583 - 1.07	Acceptable	EPA 8210-A-09	7/22/2017	0.152	0.93	0.04	CMB
WS Nitrite (cat# 594, lot# S252-695)												
1840	Nitrite-N	mg/L	0.93	0.93	0.583 - 1.07	Acceptable	EPA 8210-A-09	7/22/2017	0.155	0.93	0.04	KEK
WS o-Phosphate Nutrients (cat# 558, lot# S252-667)												
1870	Ortho Phosphate	mg/L	2.76	2.63	1.45 - 3.75	Acceptable	EPA 8210-A-09	7/22/2017	0.367	2.6	0.50-1.61	CMB

All analytes except PT catalog numbers 462, 604QR, 929, 731QR, 960, 735QR (PFAS) are included in ERA's A2LA accreditation. Lab Code: 1539-01
16341 Table Mountain Pkwy • Golden, CO 80403 • 800.372.0122 • 303.431.8454 • fax 303.421.0159 • www.eraqc.com



Study #: WS-252



WS-252 2009 TNI Evaluation Final Complete Report

Ver. 1
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A Waters Company

Lynn Baylor
QA Analyst
Pace Analytical Services - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174
(386) 676-4803

EPA ID:
ERA Customer Number:
Report Issued:
Study Dates:

FL01264
E550101
08/29/17
07/10/17 - 08/24/17

TNI Analyte Code	Analyte	Units	Reported Value	Assigned Value	Acceptance Limits	Performance Evaluation	Method Description	Analysis Date	Z Score	Study Mean	Study Standard Deviation	Analyst Name
WS o-Phosphate Nutrients (cat# 558, lot# S252-667)												
1870	Ortho-Phosphate	mg/L	2.99	2.83	2.41 - 3.25	Acceptable	EPA 385.1-2-1993	7/22/2017	1.16	2.81	0.235	KEK
WS Residual Chlorine (cat# 593, lot# S252-696)												
045	Free Residual Chlorine	mg/L	0.91	0.95	0.75 - 1.15	Acceptable	SM 550-CI-D-2011 2011	8/7/2017	0.375	0.957	0.170	AGS
1940	Total Residual Chlorine	mg/L	1.06	0.958	0.802 - 1.10	Acceptable	SM 550-CI-D-2011 2011	8/7/2017	1.54	0.962	0.0638	AGS
WS Cyanide (cat# 556, lot# S252-983)												
630	Cyanide, Free	mg/L	0.133	0.133	0.13 - 0.229	Not Reported				0.181	0.0177	
1645	Cyanide, total	mg/L	0.18	0.183	0.137 - 0.229	Acceptable	EPA 335.4 1993	7/19/2017	0.118	0.178	0.0159	JDW
WS Organic Carbon (cat# 557, lot# S252-669)												
1710	Dissolved Organic Carbon (DOC)	mg/L	2.13	1.84	1.56 - 2.10	Acceptable	SM 5310 B-2011 2011	7/27/2017	0.796	1.87	0.281	MBJ
2040	Total Organic Carbon (TOC)	mg/L	2.08	1.84	1.47 - 2.21	Acceptable	SM 5310 B-2011 2011	7/27/2017	0.699	1.94	0.197	JMD
WS Silica (cat# 902, lot# S252-785)												
1990	Silica as SiO ₂	mg/L	6.5	5.9	4.92 - 6.6	Acceptable	EPA 821.0-2-01	8/9/2017	1.05	6.73	0.533	STG
WS Surfactants - MBAS (cat# 901, lot# S252-784)												
2025	Surfactants - MBAS	mg/L	0.46	0.513	0.370 - 0.847	Acceptable	SM 5340 C-2011 2011	8/3/2017	1.95	0.540	0.0689	TKY
WS Corrosivity (cat# 900, lot# S252-980)												
1620	Corrosivity	SI @ 20°C	1.24	1.55	0.45 - 0.95	Acceptable	ASTM D1565	7/17/2017	-0.855	0.97	0.163	AGS
WS Turbidity (cat# 592, lot# S252-699)												
2055	Turbidity	NTU	0.38	0.856	0.661 - 0.76	Acceptable	EPA 800.1-2-1999	7/15/2017	0.00870	0.954	0.160	KEK
WS UV 254 Absorbance (cat# 904, lot# S252-662)												
2060	UV 254 Absorbance	cm ⁻¹	0.274	0.552	0.50 - 0.748	Not Acceptable	SM 550-CI-D-2011 2011	8/9/2017	230.9	0.609	0.0606	JDW

All analytes except PT catalog numbers 462, 604QR, 929, 731QR, 960, 735QR (PFAS) are included in ERA's A2LA accreditation. Lab Code: 1539-01
16341 Table Mountain Pkwy • Golden, CO 80403 • 800.372.0122 • 303.431.8454 • fax 303.421.0159 • www.eraqc.com



Study #: WS-252

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.

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

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1800 Elm Street SE

6 City, state, and ZIP code
Minneapolis, MN 55414

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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
4 1 - 1 8 2 1 6 1 7	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Shelbi Lutz* Date ▶ *1/05/18*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Minnesota, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Pace Analytical Services, LLC 1800 Elm Street SE Minneapolis, MN 55414 USA	INSURER A: Phoenix Insurance Company	25623
	INSURER B: Travelers Property Casualty Company of Am	25674
	INSURER C: Travelers Casualty Insurance Company of Am	19046
	INSURER D: Greenwich Insurance Company	22322
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W7023652 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			660-3H339745	08/01/2018	08/01/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-3H392163	08/01/2018	08/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-3H339745	08/01/2018	08/01/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	HH-UB-8K063715	08/01/2018	08/01/2019	<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
D	Professional/Pollution Liability Professional-Claims Made Pollution-Occurrence			PEC004838702	08/01/2018	08/01/2019	Each Claim/Aggregate	\$5,000,000
							Professional SIR	\$100,000
							Pollution SIR	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Corporate 00

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Et G. How

Evidence of Insurance