

Exhibit A

Primary Responses

Success: All data is valid!

						Numeric	
Status	Bid/No Bid Decision	#	Item	Quantity Required	Unit of Measure	Unit Price	Total Cost
Success: All values provided	Bid	#0-1	Activated Carbon	40	TON	\$ 2,360.00	\$ 94,400.00
Basket Total							\$ 94,400.00
Grand Total							\$ 94,400.00

Lewisville 2025 - Sustainability

Lewisville City Council unanimously adopted the Lewisville 2025 plan on July 14, 2014. The plan was developed after more than a year of public input and discussion that garnered hundreds of ideas and suggestions. That input was studied extensively by the Lewisville 2025 Steering Committee, City staff and professional consultants and formulated into the Lewisville 2025 plan. The plan provides a clear shared vision for the kind of community Lewisville wants to be when it turns 100 years old in 2025: a place that people choose to live, work and visit.

Lewisville 2025 identifies nine “Big Moves” to guide the community’s efforts toward being a thriving, desirable community. One of these Big Moves is sustainability. Lewisville defines sustainability in this way:

Limited resources, such as land, water, energy, clean air, natural assets, and public funds are used efficiently to provide a desirable quality of life and business climate today without reducing Lewisville’s ability to provide the desired quality of life and business climate for success of future generations.

The Purchasing Division’s goal is to support and encourage sustainable management practices through the purchase and use of materials, products and services that demonstrate environmental stewardship as well as fiscal and social responsibility. To that end, Lewisville will consider environmental factors such as but not limited to, recycled content, product life cycle, waste reduction, energy efficiency, toxicity, water consumption, and human health impacts when making purchasing recommendations. To assist City staff with evaluating these factors, prospective vendors may be required to provide specific information about their products and services that addresses environmental impacts.

Does Product or Service?	Yes	No	Details
Reduce energy consumption	X		
Reduce toxicity, including emissions	X		Univar does anything and all to contain various products and house them properly for safety.
Reduce waste	X		
Contain recyclable materials	X		
Reduce water consumption	X		
List other environmental impacts	X		

Attach supporting documentation if needed

VENDOR REFERENCES

Please list at least three (3) references of **current** customers who can verify the quality of service your company provides. The City prefers local customers of similar size and scope of work to this bid. *THIS FORM MUST BE RETURNED WITH YOUR BID.* Attach additional sheets as needed.

REFERENCE ONE:

Government/Company Name: City of Abilene

Address: 555 Walnut Street, Abilene, TX 79601

Contact Name and Title: Richard Williams, Purchasing

Contact Phone: 325-676-6037 **Contact Email:** richard.williams@abilenetx.gov

Contract Period: Current **Contract Amount:** Varies upon deliveries

REFERENCE TWO:

Government/Company Name: City of Harlingen

Address: 114 North L Street, Harlingen TX 78550

Contact Name and Title: Art Hernandez, Plant Manager

Contact Phone: 956-440-6541 **Contact Email:** arthernandez@hwws.com

Contract Period: Current **Contract Amount:** Varies upon deliveries

REFERENCE THREE:

Government/Company Name: City of Sugar Land

Address: 2700 Town Center Blvd North, Sugar Land, TX 77479

Contact Name and Title: Jason Poscovsky, Plant Supervisor

Contact Phone: 512-972-0096 **Contact Email:** jposcovsky@sugarlandtx.gov

Contract Period: Current **Contract Amount:** Varies upon deliveries

**CITY OF LEWISVILLE
PURCHASING DIVISION**

ADDITIONAL TERMS

ANTI-LOBBYING PROVISION

During the period between proposal / sealed bid submission date and the contract award, proposers, including their agents and representatives, shall not directly discuss or promote their proposal with any member of the City of Lewisville City Council or City staff except during City-Sponsored inquiries, briefings, interviews, or presentations, unless requested by the City.

This provision is not meant to preclude offerors from discussing other matters with City Council members or City staff. This policy is intended to create a level playing field for all potential offerors, assure that contract decisions are made in public, and to protect the integrity of the RFP / Bid Evaluation process. Violation of this provision may result in rejection of the offeror's proposal.

LAWS AND ORDINANCES

Laws and Ordinances: The Contractor shall always observe and comply with all Federal, State and local laws, ordinances and regulations which in any manner affect the Contract or the work and shall indemnify and save harmless the City against any claim arising from the violation of any such laws, ordinances and regulations whether by the Contractor or his employees.

PROTECTION OF RESIDENT WORKERS

Protection of Resident Workers: The City of Lewisville actively supports the Immigration and Nationality Act (INA) which includes provisions addressing employment eligibility, employment verification, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U.S. The employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verification Form (I-9). The Contractor and its Subcontractors shall establish appropriate procedures and controls so no services or products under the Contract Documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. The City reserves the right to audit Contractor's or Subcontractor's employment records to verify the existence of a completed Employment Eligibility Verification Form (I-9) for every worker performing services or manufacturing products under the Contract Documents. The audit will be at the City's expense.

IMMIGRATION REFORM AND CONTROL ACT

Immigration Reform and Control Act (8 U.S.C. §1324a): The City of Lewisville supports the Immigration Reform and Control Act (IRCA) which is a comprehensive scheme prohibiting the employment of unauthorized aliens in the United States. The Contractor shall submit a declaration signed under penalty of perjury of the laws of the State of Texas stating that it has not been found in violation of IRCA by the United States Attorney General or Secretary of Homeland Security in the preceding five (5) years. The Contractor shall ensure that its Subcontractors submit a declaration signed under penalty of perjury of the laws of the State of

Texas stating that they have not been found in violation of IRCA by the United States Attorney General or Secretary of Homeland Security in the preceding five (5) years. The Contractor and its Subcontractors shall at all times during the term of the contract with the City comply with the requirements of IRCA and shall notify the City within fifteen (15) working days of receiving notice of a violation of IRCA. The City may terminate a contract with the Contractor if the City determines that (a) the Contractor or its Subcontractors have been untruthful regarding IRCA violations in the preceding five (5) years; (b) if the Contractor fails to ensure that its Subcontractors submit the aforementioned declaration; or (c) the Contractor or its Subcontractors fail to timely notify the City of an IRCA violation.

Univar Solutions USA LLC
Contractor Name

Roise Holiday
Authorized Signature

6/8/2026
Date

**CITY OF LEWISVILLE
PURCHASING DIVISION**

STATE RECIPROCAL REQUIREMENT

The City of Lewisville, as a governmental agency of the State of Texas, may not award a contract for general construction, improvements, services or public works projects or purchases of supplies, materials, or equipment to a non-resident bidder unless the non-resident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a non-resident bidder to obtain a comparable contract in the state in which the non-resident's principal place of business is located (Section 2252.002 of the Government Code). Bidder shall answer all the following questions by encircling the appropriate response or completing the blank provided.

1. Where is your principal place of business? Washington State
2. Only if your principal place of business is not in the state of Texas, please indicate:
 - A. In which state is your principal place of business located? Univar has 3 locations in Texas
 - B. Does that state favor resident bidders (bidders in your state) by some dollar increment or percentage? ☐ YES ☒ NO
 - C. If "YES", what is that dollar increment or percentage? n/a

NON-COLLUSION STATEMENT

The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firms, partnership or individual has not prepared this bid in collusion with any other Bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employer or agent to any other person engaged in this type of business prior to the official opening of this bid.

Vendor:	Univar Solutions USA LLC		
Address:	8201 S 212th Street		
City, State, Zip:	Kent WA 98032		
Phone:	206-653-5075		
Email:	Roise.holidayhenry@univarsolutions.com		
Bidder (Print Name):	Roise Holiday		
Bidder Signature:	<i>Roise Holiday</i>		
Job Title:	Municipal Bid Specialist		
Signature of company official authorizing this bid:	<i>Roise Holiday</i>		
Company Official (Print name):	Roise Holiday		
Job Title:	Municipal Bid Specialist		

**CITY OF LEWISVILLE
COOPERATIVE PURCHASING AGREEMENT**

Several Governmental entities around the City of Lewisville have indicated an interest in being included in this contract. Should these Governmental Entities decide to participate in this contract, would you, (the vendor) agree that all terms conditions, specifications, and pricing would apply?

_____YES X NO

- (a) If you (the Vendor) checked yes, the following will apply.
- (b) Governmental Entities utilizing Internal-Governmental contracts with the City of Lewisville will be eligible, but not obligated, to purchase materials/services under the contract(s) awarded as a result of this solicitation. All purchases by Governmental Entities other than the City of Lewisville will be billed directly to that Governmental Entity and paid by that Governmental Entity. City of Lewisville will not be responsible for another Governmental Entity's debts. Each Governmental Entity will order their own material/service as needed.

BID INVITATION NO:	26-50-A
COMMODITY:	Activated Carbon

FIRM NAME: Univar Solutions USA LLC

SIGNATURE OF PERSON AUTHORIZED TO SIGN BID:

Roise Holiday DATE 6/9/2026

SIGNER'S NAME AND TITLE:

Roise Holiday
(Please print or type)

VENDOR SUPPLEMENTAL INFORMATION

The following information is required for contract development.

1. In what state was your business formed? Washington State
2. Provide the following information for the person authorized to execute contracts on behalf of your organization:

Name Roise Holiday Title Municipal Bid Specialist
Email Address roise.holidayhenry@univarsolutions.com Telephone No. 206-653-5075
Mailing Address 12720 E US Hwy 92, trl: 427 City Dover State FL Zip 33527

3. Provide the following information for the contact person authorized to implement this contract on behalf of your organization:

Name Roise Holiday Title Municipal Bid Specialist
Email Address roise.holidayhenry@univarsolutions.com Telephone No. 206-653-5075
Mailing Address 12720 E US Hwy 92, trl: 427 City Dover State FL Zip 33527

4. Provide the following information for the person authorized to receive notices and communications regarding this contract on behalf of your organization:

Name Roise Holiday Title Municipal Bid Specialist
Email Address roise.holidayhenry@univarsolutions.com Telephone No. 206-653-5075
*Physical Business Address 12720 E US Hwy 92, trl: 427 City Dover State FL Zip 33527

**Notices and communications will be mailed to this physical address*

5. Select and complete one of the following:

- a. ☐ **Sole Proprietorship**
- i. Legal name of Sole Proprietor: _____
- ii. Physical business address: _____
- City _____ State _____ Zip _____
- b. ☐ **General Partnership**
- i. Legal name of Partnership: _____
- ii. Physical business address: _____
- City _____ State _____ Zip _____

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

VENDOR SUPPLEMENTAL INFORMATION

- c. ☐ **Limited Partnership**
- i. Legal name of Limited Partnership: _____
- ii. General Partner(s):
- If a legal entity, name of the entity: _____
 - If an individual, name of the individual: _____
- iii. Physical business address: _____
- City _____ State _____ Zip _____
- d. ☐ **Corporation**
- i. Legal name of Corporation: _____
- ii. Physical business address _____
- City _____ State _____ Zip _____
- e. ☒ **Limited Liability Company**
- i. Legal name of Limited Liability Company: Univar Solutions USA LLC
- ii. Physical business address 3075 Highlands Pkways Ste 200
- City Downers Grove State IL Zip 60515
- f. ☐ **Other Entity (not listed)**
- i. Legal name and type of Company: _____
- ii. Physical business address _____
- City _____ State _____ Zip _____

6. Does your business have 10 or more full-time employees? ☐ No ☒ Yes

7. a. Are you a publicly traded business? ☒ No ☐ Yes – where traded: _____

b. Are you a wholly owned subsidiary of a publicly traded business? ☐ No ☐ Yes – which publicly traded business: n/a

8. a. Is your business registered with the Texas Secretary of State? ☐ No ☒ Yes

b. If yes, please provide records or screenshot(s) from the Texas Secretary of State's website reflecting the name or names for which your business has been registered.

In signing this form, I acknowledge that I have read the above and state that the information contained therein is true and correct.

Signature: Roise Holiday Date: 6/8/2026

Print Name: Roise Holiday Print Title: Municipal Bid Specialist



Office of the Secretary of State

January 24, 2024

Attn: SANEMA GORODETSKY

SANEMA GORODETSKY
3075 Highland Parkway, Suite 200
Downers Grove, IL 60515 USA

RE: Univar Solutions USA LLC
File Number: 7071606

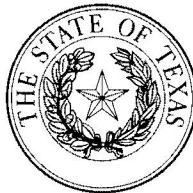
It has been our pleasure to file the Amendment to Registration - Conversion or Merger for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure



Office of the Secretary of State

CERTIFICATE OF AMENDED REGISTRATION OF

Univar Solutions USA LLC
7071606

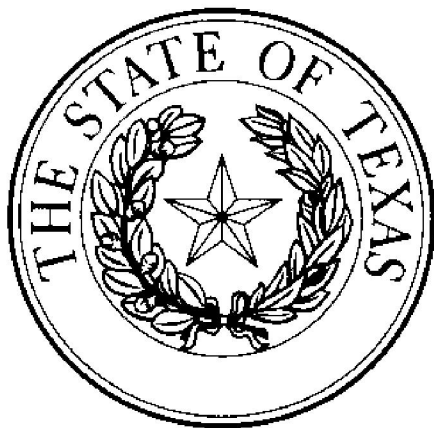
[formerly: Univar Solutions USA Inc.]

The undersigned, as Secretary of State of Texas, hereby certifies that an Amendment to Registration - Conversion or Merger to transact business in this state for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this Certificate of Amended Registration to transact business in this state under the name of:

Univar Solutions USA LLC

Dated: 01/18/2024
Effective: 01/18/2024



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State

CITY OF LEWISVILLE
PURCHASING DIVISION

EXCEPTIONS

Bid Activated Carbon

On the lines below, please list any exceptions taken to this bid invitation

ITEM #	DESCRIPTION
16142655	Bag size is 40 pounds each

Signature: Roise Holiday

Company: Univar Solutions USA LLC

Date: 6/8/2026

No exceptions taken to this bid invitation.

Signature: _____

Company: _____

Date: _____

Univar Solutions USA LLC
8201 S. 212th
Kent, WA 98032-1994
USA

T 206-653-5075
www.univarsolutions.com



June 8, 2026

City of Lewisville
Attn: Finance Admin
151 W Church St
Lewisville TX 75057

RE: Activated Carbon 2026

Dear Finance Admin:

Univar USA Inc. is pleased to offer a price quote on your Bid due Monday, June 15, 2026 at 2:00 P.M., and has done so on the attached required paperwork.

Our contact information for all things bid and contract related, as well as the information for your local branch, is also attached.

We look forward to hearing the results of your request.

Thank you,

Raise Holiday

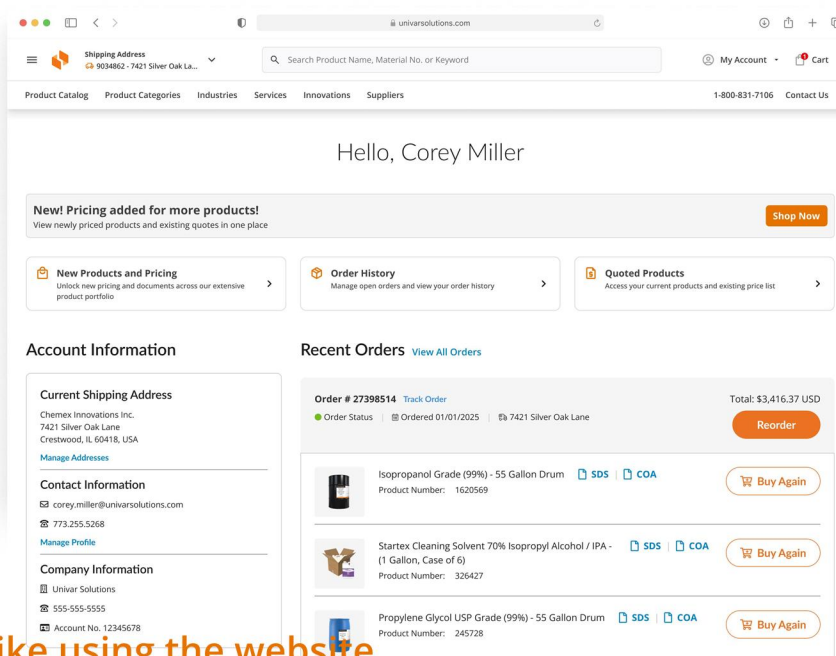
Sr. Municipal Specialist
Central Region
Univar Solutions USA LLC
Muniteam-east@univarsolutions.com
www.univarsolutions.com

Please Note: Seller shall indemnify Buyer for losses to the extent caused by Seller's negligence or breach of contract. Neither party is liable for incidental or consequential damages. Seller's liability is limited to the purchase price of the goods. SELLER MAKES NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Please Note: Where applicable, any State, Federal or other appropriate taxes and/or the California Mill Assessment will appear as separate line items on any invoices from Univar. If Univar's offer (pricing) was inclusive of these charges – they will be backed out of the "product" line item and shown as their own line item(s) at the time of billing.

UnivarSolutions.com

Your personalized online experience that makes it easier to do business with us.



Why customers like using the website

- ✓ Easy **ordering and reordering** with real time updated pricing. See your pricing up front before you submit your PO!
- ✓ Access to **product and delivery documentation** – SDS, Regulatory documents, COAs, BOLs
- ✓ Check **order status and track orders**. View order history for the last 18 months!
- ✓ See **product availability** and **estimated delivery dates**
- ✓ Discover **new products** and **request customized pricing** for your account

Get Started

- 1 Scan the QR Code
or go to <https://www.univarsolutions.com/customer/account/login>
- 2 Enter Your Email
- 3 Request Verification Code
- 4 Enter Code and Sign In
- 5 Start Exploring



For any support placing your orders online or using any of the capabilities, we are here to help – please contact us at **DigitalCS@UnivarSolutions.com**

Univar Solutions USA LLC
10889 Bekay Street
Dallas, TX 75238

T 214-340-7300
F 214-340-9113



www.univarusolutions.com

GENERAL INFORMATION

Regular Office Hours during which orders may be placed:

Monday – Friday 7:30 am – 4:30 pm (CST)

In case of an emergency during non-business hours:

For Chemical Related Emergencies:

ChemTrec: (800) 424-9300

Names, telephone/FAX numbers of those responsible for taking orders and initiating delivery:

Office Phone: (214) 340-7300 Customer Service
Office Fax: (214) 340-9113

Customer Service -

custsolscentral@univarsolutions.com

For anything pertaining to bids:

Please send all bid packets/documents to:
(Unless otherwise specified)

Roise Holiday
12720 E US HWY 92
Trl: 427
Dover FL 33527
Muniteam-east@univarsolutions.com

Contacts:

Roise Holiday
Sr. Municipal Bid Specialist
Phone: 206-653-5075
Roise.holidayhenry@univarsolutions.com

Shawnasey McCarthy
Municipal Business Manager
Phone: (253) 872-5052
Fax: (253) 872-5041
Shawnasey.mccarthy@univarsolutions.com

Remittance Address:

Univar Solutions USA Inc.
62190 Collections Center Drive
Chicago, IL 60693-0621
Please include remit information – Invoice number

Standard Payment Terms:

Net 30 days

**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.) Univar Solutions USA LLC		
	2 Business name/disregarded entity name, if different from above. Univar Solutions USA		
	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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P 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. ☐ 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. ☐		
	5 Address (number, street, and apt. or suite no.). See instructions. 3075 Highland Parkway, Suite 200	Requester's name and address (optional)	
6 City, state, and ZIP code Downers Grove, IL 60515-5560			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number										
			-				-			
or										
Employer identification number										
9	1		-	1	3	4	7	9	3	5

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 <i>David Bunder</i>	Date <i>January 8, 2026</i>
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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

CERTIFICATE OF SECRETARY

I, Alexandra Colin, hereby certify that:

1. I am the duly elected, qualified and acting Senior Vice President, Chief Legal Officer and Corporate Secretary of Univar Solutions USA LLC, a Washington Limited Liability Company (the "Company"), and am a custodian of the corporate records of the Company and am familiar with the matters herein certified.
2. The persons below are authorized to execute, for and on behalf of the Company, written municipal bids, municipal proposals and contracts for the sale or other disposition of products up to \$2.5 million handled by the Company.

Shawnsey McCarthy – Municipal Commercial Manager

Victoria Meakim – Municipal Speciality

Roise Holiday-Henry – Municipal Specialist

Jennifer Perras – Senior Municipal Specialist

Shelley Riggle – Municipal Specialist

Stacy Ziegler – Municipal Specialist

Raven Claudio – Municipal Specialist

Ileana Caballero – Municipal Specialist

IN WITNESS WHEREOF, I have executed this Certificate of Secretary of the Company on this 8th day of April 2026.



Alexandra Colin

Senior Vice President, Chief Legal Office & Corporate Secretary

State of Illinois)

)

County of DuPage)

This Certificate of Secretary was signed and sworn before me on this 8th day of April 2026 by Alexandra Colin, Senior Vice President, Chief Legal Officer and Corporate Secretary of Univar Solutions USA LLC.

Seal



Sarah Javed
Notary Public

My commission expires March 14, 2027



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/01/2026

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. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:														
INSURED Univar Solutions USA LLC 3250 Lacey Rd, Suite 600 Downers Grove IL 60515 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B: Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: Illinois Union Insurance Company	27960	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE American Insurance Company	22667														
INSURER B: Illinois Union Insurance Company	27960														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 570120389765 **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														
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			XSLG75473941 SIR applies per policy terms & conditions	06/01/2026	06/01/2027	<table><tr><td>EACH OCCURRENCE</td><td>\$3,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$3,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>Excluded</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$3,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$3,000,000</td></tr><tr><td>SIR</td><td>\$2,000,000</td></tr></table>	EACH OCCURRENCE	\$3,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000	MED EXP (Any one person)	Excluded	PERSONAL & ADV INJURY	\$3,000,000	GENERAL AGGREGATE	\$3,000,000	PRODUCTS - COMP/OP AGG	\$3,000,000	SIR	\$2,000,000
EACH OCCURRENCE	\$3,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000																				
MED EXP (Any one person)	Excluded																				
PERSONAL & ADV INJURY	\$3,000,000																				
GENERAL AGGREGATE	\$3,000,000																				
PRODUCTS - COMP/OP AGG	\$3,000,000																				
SIR	\$2,000,000																				
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			ISA H1135158A Commercial Auto	06/01/2026	06/01/2027	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)							
COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000																				
BODILY INJURY (Per person)																					
BODILY INJURY (Per accident)																					
PROPERTY DAMAGE (Per accident)																					
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$5,000,000			XCEG27380566013	06/01/2026	06/01/2027	<table><tr><td>EACH OCCURRENCE</td><td>\$5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$5,000,000</td></tr></table>	EACH OCCURRENCE	\$5,000,000	AGGREGATE	\$5,000,000										
EACH OCCURRENCE	\$5,000,000																				
AGGREGATE	\$5,000,000																				
A	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC7281096A AOS WCUC72810983 Excess Work Comp (CA, OH, SIR applies per policy terms & conditions	06/01/2026 06/01/2026	06/01/2027 06/01/2027	<table><tr><td>☒ PER STATUTE ☐ OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	☒ PER STATUTE ☐ OTHER		E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE-EA EMPLOYEE	\$1,000,000	E.L. DISEASE-POLICY LIMIT	\$1,000,000						
☒ PER STATUTE ☐ OTHER																					
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)

ADDITIONAL INSURED STATUS PROVIDED FOR ALL OF THE ABOVE POLICIES (EXCEPT WORKERS COMP) & WAIVER OF SUBROGATION IS AWARDED AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION**

Univar Solutions USA LLC 3250 Lacey Rd, Suite 600 Downer's Grove IL 60515 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 <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

570120389765

Certificate No :





ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Univar Solutions USA LLC	
POLICY NUMBER See Certificate Number: 570120389765			
CARRIER See Certificate Number: 570120389765	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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY						
A				MMT H08892489 Truckers Liability	06/01/2026	06/01/2027	Combined Single Limi \$5,000,000
	WORKERS COMPENSATION						
A		N/A		SCFC72810971 Workers Compensation (WI	06/01/2026	06/01/2027	

HYDRODARCO® B

Powdered Activated Carbon

WHY NORIT

Since 1918, we have been helping our customers to make pure products, reach environmental compliance, and create catalytic performance. As one of the largest activated carbon manufacturers globally, we provide quality and stability. We offer a very diverse set of NORIT activated carbon products, many of them yielding truly unique performance benefits. Our experienced staff, including dedicated application specialists, can help you find a best fitting solution for your specific situation.



HYDRODARCO B powdered activated carbon is produced by steam activation of lignite coal under carefully controlled conditions. It is finely milled to obtain a high degree of suspension in the process fluid and has a very high capacity for adsorption of organics that cause taste and odor problems in water supplies.

Treatment of Potable Water Supplies

HYDRODARCO B powdered activated carbon is primarily used for the removal of tastes, odors and other organics from potable water supplies. It is the most effective water treatment carbon available for the removal of tannins and humic acids. These are precursors of trihalomethanes and are major contributors to color and taste. HYDRODARCO B powdered activated carbon is especially effective for removing the extremely odorous compounds geosmin and methylisoborneol from raw surface waters.

HYDRODARCO B powdered activated carbon meets the physical and performance requirements of AWWA B600 standards for powdered activated carbon as measured by NORIT test methods. The product is Kosher certified and meets NSF/ANSI Standard 61 with a maximum use level of 100 mg/L.

SPECIFICATIONS

Iodine number	min. 500	-
Molasses decolorizing efficiency (RE)	min. 75	-
Mesh size (U.S. Sieve Series) less than 100 mesh (150 µm)	min. 99	%
Mesh size (U.S. Sieve Series) less than 200 mesh (75 µm)	min. 95	%
Mesh size (U.S. Sieve Series) less than 325 mesh (45 µm)	min. 90	%
Moisture (as packed)	max. 8	%

GENERAL CHARACTERISTICS

Tannin value	200	mg/l
Bulk density, tamped apparent	0.51	g/ml
	32	lb/ft³
pH, water extract	Alkaline	-

HYDRODARCO® B

Powdered Activated Carbon

NOTES

1. For important product safety, health, environmental and regulatory information, please refer to the Safety Data Sheet (SDS) which is available upon request.
2. General characteristics reflect representative values of product parameters and are not to be used as purchase specifications.
3. All analyses based on standard test methods and specifications are guaranteed values based on lot-to-lot quality control, as covered by Norit Activated Carbon's ISO 9001 certification.

PACKAGING

This product is available in:

- 40 lb bag, 50 bags per pallet for a net pallet weight of 2000 lb
- Woven polypropylene bulk bag with a plastic liner 900 lb net
- Bulk trailer

Product availabilities depend on the type of packaging.



norit.com

EMEA REGIONAL OFFICE

Norit Nederland B.V.
Astronaut 34
3824 MJ Amersfoort
The Netherlands
Info.emea@norit.com
+31 33 464 8911

AMERICAS REGIONAL OFFICE

Norit Americas, Inc.
3200 University Ave.
Marshall, TX 75670
USA
Info.americas@norit.com
+1 903 923 1000

ASIA/PACIFIC REGIONAL OFFICE

Norit Singapore Pte. Ltd.
101 Thomson Road - United Square #16-04
Singapore 307591
Singapore
Info.ap@norit.com
+65 6631 9386

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Norit Americas Inc

3200 University Avenue
Marshall, TX 75670

NORIT ACTIVATED CARBON CERTIFICATE OF ANALYSIS

Sales Order Number 021537050446SO / 1

Customer P.O.Number 4528300140

Manufacturing Plant:

Grade HYDRODARCO® B

Customer Grade

Quantity Shipped 40,000.00 LB

Carrier Name EXWORKS CARRIER

Vehicle ID LANDAIR 26265

Lot Number 5460428

Shipping Date 02 Jun 2026

Pack Date 31 Mar 2026

Univar USA Inc., Jamestown

108 Oakdale Road

Jamestown NC 27282

Attn : ATTN: LABORATORY MANAGER

PHYSICAL AND CHEMICAL PROPERTIES

Property Description	Unit	Ref	Specification Min	Individual Value	Specification Max
Moisture	%	SAM-2695		2	8
Molasses RE ai	ai	SAM-7805	75	90	
-325 Mesh	%	SAM-8004	90	99	
-200 Mesh	%	SAM-8004	95	100	
-100 Mesh	%	SAM-8004	99	100	
Iodine Number	mg/g	SAM-5655	500	575	
TA Density	lbs/cu.ft.	SAM-3637		18	

Disclaimer:

The data above was obtained from tests on samples taken during the time of production and/or packaging of this product using Norit Standard Test Methods (NSTM). We do not guarantee the same results will be obtained by others in other laboratories and we disclaim liability resulting from the use of the contents of this report.

Date of Manufacture:

This has been replaced with a "Pack Date" which represents the "Date of Manufacture".

PalletNo/Container ID

Seal No:

Signature: James King, Lab Supervisor

Sample Receipt Form - Activated Carbon

I, Roise Holiday with Univar Solutions USA LLC, attest that I have
(Print Name) (Company Name)

dropped off my Activated Carbon Sample due by this bid with City personnel and thoroughly understand the nature of this bid.

Be sure to return this sample receipt form for activated carbon with your entire bid package.

ELECTRONIC BIDS: Completed forms may be scanned and attached to Bonfire submittal or submitted to Purchasing before the bid due date and time.

Univar Solutions USA LLC

Company Name

8201 S 212th Street

Company Address

Kent

City

WA

State

98032

Zip Code

Roise Holiday

Authorized Representative (Print)

Municipal Bid Specialist

Title

6/8/2026
Date

roise.holidayhenry@univarsolutions.com

Email Address

206-253-5075

Phone

6/8/2026

Fax

Roise Holiday

Signature

Eric Martinez

City Representative (Print)

Water Production Superintendent

Title

6/8/2026

Date