



CITY OF DORAL
Purchase and Delivery of Liquid Sodium
Hypochlorite
(ITB) No. 2025-11

Bid due date: August 12, 2025, at 2:00pm via Demandstar

CONTACT:

William Thompkins | Hawkins, Inc.
Branch Manager, Water Treatment Group
5705 Dewey ST. | Hollywood, FL 33023
Mobile: 305.731.7800 | Office: 954.367.5396
will.thompkins@hawkinsinc.com

Table of Contents

Table of Contents	1
Letter of Transmittal	2
Experience & Capabilities	3-9
Organizational Chart	3
Affiliations & Partnerships	4
Local Business Tax Receipt	5
Florida Certificate of Status	6
States Registered in as Foreign Corporation	7
Sunbiz Detail by Entity Name Listing	8-9
Licensing, Regulatory, & Environmental Standards	10-27
EPA Registration	10
Hazardous Materials Certificate of Registration	10
Hazardous Materials Safety Permit	11
Safety Data Sheet	12-23
Product Data Sheet	24-25
Tier II Report	26-27
RFP Required Forms	28-47
Solicitation Response Form	28-30
Bidder Qualification Statement	31
Bid Price Sheet	32
Reference Survey Form	33
List of Proposed Subcontractors	34
Bidder/Proposer Affidavits	35-40
Conflict of Interest Disclosure	41
Certificate of Authority	42
Secretary Certificate	43
Affidavit Regarding Unauthorized Aliens	44
Affidavit Regarding the Use of Coercion for Labor & Services	45
Certificate of Insurance	46
Hawkins W-9	47



August 12, 2025

City of Doral
Procurement Division
8401 NW 53rd Terrace
Doral, FL 33166

Subject: Letter of Transmittal – Bid Submission for Liquid Sodium Hypochlorite

Dear Evaluation Committee,

Hawkins Inc is pleased to submit our bid in response to the City of Doral's Invitation to Bid for the supply and delivery of Sodium Hypochlorite to the Doral Central Park Aquatic Center. We appreciate the opportunity to support the City's water treatment needs through reliable and timely chemical distribution services.

As a certified chemical distribution company with over 70 years of experience in the industry, we specialize in the safe and compliant delivery of bulk Sodium Hypochlorite solutions to municipal and commercial facilities. Our operations are supported by a robust logistics network, qualified personnel, and strict adherence to all applicable environmental and safety regulations.

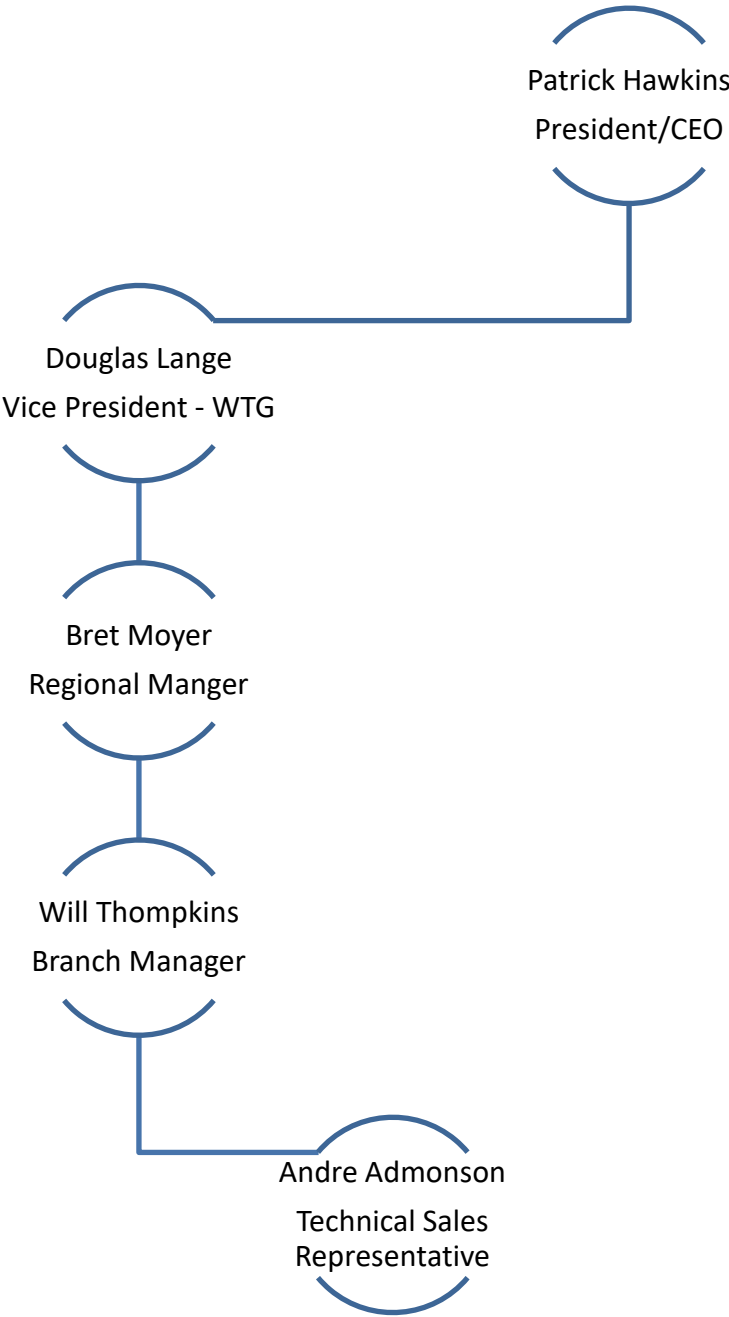
We believe our firm is both responsive and responsible, having successfully served numerous public sector clients with high service standards, competitive pricing, and dependable delivery schedules. Our commitment to safety, compliance, and customer satisfaction ensures that we are well-equipped to meet the objectives outlined in this ITB.

Thank you for the opportunity to participate in this bidding process. We look forward to the possibility of working with the City of Doral and supporting its operations at the Doral Central Park Aquatic Center.

Regards,

William Thompkins
Branch Manager
Hawkins Inc
Will.Thompkins@HawkinsInc.com
954-367-5396

Organizational Chart



Affiliations & Partnerships



BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829
VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: HAWKINS INC

Receipt #: 378-226882
Business Type: WHOLESALE/DISTRIBUTOR

Owner Name: HAWKINS INC
Business Location: 5705 DEWEY ST
HOLLYWOOD
Business Phone: 6123316910

Business Opened: 08/23/2009
State/County/Cert/Reg:
Exemption Code:

Rooms **Seats** **Employees** **Machines** **Professionals**

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	4.50	0.00	0.00	0.00	0.00	49.50

Receipt Fee 45.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

State of Florida

Department of State

I certify from the records of this office that HAWKINS WATER TREATMENT GROUP, INC. is a Minnesota corporation authorized to transact business in the State of Florida, qualified on October 20, 2014.

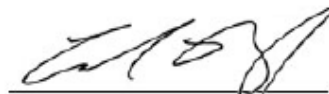
The document number of this corporation is F14000004437.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on January 15, 2025, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-second day of July,
2025*




Secretary of State

Tracking Number: 0002070994CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



2381 Rosegate Roseville, MN 55113

States Registered in as Foreign Corporation

State	Name	Entity #	Qualification Date
Alabama	Hawkins Water Treatment Group, Inc.	000-037-994	7/2/2012
Arkansas	Hawkins Water Treatment Group, Inc.	800178994	6/2/2010
California	Hawkins, Inc.	4773321	8/3/2021
Colorado	Hawkins, Inc.	20081108447	2/25/2008
Delaware	Hawkins Water Treatment Group, Inc.	7093986	10/19/2022
Florida	Hawkins Water Treatment Group, Inc.	F14000004437	10/20/2014
Georgia	Hawkins, Inc.	07057657	7/6/2007
Illinois	Hawkins, Inc.	F 622-750-8	5/15/2002
Indiana	Hawkins Water Treatment Group, Inc.	2008031000233	3/7/2008
Iowa	Hawkins, Inc.	224596	1/15/1999
Kansas	Hawkins, Inc.	4148052	12/31/2007
Kentucky	Hawkins Water Treatment Group, Inc.	0907556	1/15/2015
Louisiana	Hawkins, Inc.	44256096F	2/1/2021
Maryland	Hawkins, Inc.	F23256043	8/11/2022
Michigan	Hawkins, Inc.	801995052	3/29/2016
Minnesota	Hawkins, Inc.	Q-420	12/30/1955
Mississippi	Hawkins, Inc.	995442	2/6/2012
Missouri	Hawkins Water Treatment Group, Inc.	F00861949	12/13/2007
Montana	Hawkins, Inc.	F032739	1/19/1999
Nebraska	Hawkins Water Treatment Group, Inc.	10020993	1/26/2001
New Jersey	Trumark Division of Hawkins, Inc.	0100981221	6/20/2007
North Carolina	Hawkins Water Treatment Group, Inc.	1475985	10/16/2015
North Dakota	Hawkins, Inc.	0000014919	10/5/1979
Ohio	Hawkins Water Treatment Group, Inc.	2360606	1/21/2015
Oklahoma	Hawkins, Inc.	2312431115	12/2/2013
Oregon	Hawkins, Inc., a Corporation of Minnesota	231996497	10/16/2024
South Carolina	Hawkins, Inc.	01099753	3/5/2021
South Dakota	Hawkins, Inc. D/B/A Hawkins Water Treatment Group Co.	FB020306	7/18/1997
Tennessee	Hawkins Water Treatment Group, Inc.	653748	3/15/2011
Texas	Hawkins, Inc.	32057857123	7/22/2015
Utah	Hawkins Water Treatment Group, Inc.	9720816-0143	3/4/2016
Virginia	Trumark Division of Hawkins, Inc.	F1715277	7/16/2007
West Virginia	Hawkins, Inc. D/B/A Hawkins Water Treatment Group Co.	UF000498034001	4/1/2016
Wisconsin	Hawkins, Inc.	H023451	9/28/1987
Wyoming	Hawkins, Inc.	2008-000558221	7/24/2008

[Previous On List](#) [Next On List](#) [Return to List](#)

HAWKINS water

Search

No Events No Name History

Detail by Entity Name

Foreign Profit Corporation
HAWKINS WATER TREATMENT GROUP, INC.

Cross Reference Name

HAWKINS, INC.

Filing Information

Document Number	F14000004437
FEI/EIN Number	41-0771293
Date Filed	10/20/2014
State	MN
Status	ACTIVE

Principal Address

2381 ROSEGATE
ROSEVILLE, MN 55113

Mailing Address

2381 ROSEGATE
ROSEVILLE, MN 55113

Registered Agent Name & Address

NATIONAL REGISTERED AGENTS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Officer/Director Detail

Name & Address

Title D	Title VP	Title VP
Tang, Faith 2381 ROSEGATE ROSEVILLE, MN 55113	Lange, Douglas 2381 ROSEGATE ROSEVILLE, MN 55113	Grahek, Drew 2381 ROSEGATE ROSEVILLE, MN 55113
Title D	Title Secretary, VP	Title VP
Spethmann, Jeff 2381 ROSEGATE ROSEVILLE, MN 55113	ERSTAD, RICHARD 2381 ROSEGATE ROSEVILLE, MN 55113	Mangine, David 2381 ROSEGATE ROSEVILLE, MN 55113
Title President, CEO, Director	Title Treasurer, CFO	Title Director
HAWKINS, PATRICK 2381 ROSEGATE ROSEVILLE, MN 55113	Oldenkamp, Jeff 2381 ROSEGATE ROSEVILLE, MN 55113	Faulconbridge, James 2381 ROSEGATE ROSEVILLE, MN 55113
Title Director		
Thompson, James 2381 ROSEGATE ROSEVILLE, MN 55113		
Title Director		
Wright, Jeffrey 2381 ROSEGATE ROSEVILLE, MN 55113		

Annual Reports

Title Director	Title Director	Report Year	Filed Date
Schumacher, Mary 2381 ROSEGATE ROSEVILLE, MN 55113	Stauber, Daniel 2381 ROSEGATE ROSEVILLE, MN 55113	2023	02/01/2023
		2024	02/05/2024
		2025	01/15/2025

Licensing, Regulatory, & Environmental Standards

In Florida, there isn't a license specifically for Chemical Handling and Distribution.

Hawkins Inc delivery drivers have the Hazmat endorsement on their Commercial Driver's License. This endorsement signifies that the driver has met specific training and background check requirements to safely handle and transport these materials. The endorsement demonstrates that the driver possesses the knowledge and skills to handle hazardous materials safely and in accordance with regulations. Delivery vehicles display placarding and have proper containment systems.

Hawkins Inc employees are in compliance with all OSHA requirements.

EPA Registration Number: 7870-5

Company Name: HAWKINS, INC.

Address: 2381 ROSEGATE

City, State Zip: ROSEVILLE, MN 55113

First Registered Date: NOVEMBER 23, 1998

Current Status (Date): Registered (NOVEMBER 23, 1998)

Agent Name: DELTA ANALYTICAL CORPORATION

Agent Address: 12510 PROSPERITY DRIVE SUITE 160

Agent City, State Zip: SILVER SPRING, MD 20904

Restricted Use: NO

Hazardous Materials Certificate of Registration

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2024-2027**

Registrant: Hawkins Inc
ATTN: Peter Wedin
2381 ROSEGATE
ROSEVILLE, MN 55113

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 050224550155GI **Effective:** July 1, 2024 **Expires:** June 30, 2027

HM Company ID: 3804

Hazardous Materials Safety Permit



U.S. Department
of Transportation
**Federal Motor
Carrier Safety
Administration**

1200 New Jersey Ave., S.E.
Washington, DC 20590

February 15, 2024

In reply refer to:
USDOT Number: 75303

C.W. GIBSON
SR. SECURITY/COMPLIANCE ANAL.
HAWKINS INC
WATER SOLUTIONS UNLIMITED
2381 ROSEGATE
ROSEVILLE, MN 55113

HAZARDOUS MATERIALS SAFETY PERMIT
HM Safety Permit ID: US-75303-MN-HMSP
Effective Date: February 15, 2024

Dear C.W. GIBSON:

The Hazardous Materials Safety Permit (HMSP) is verification of the motor carrier's permission to engage in the transportation of hazardous materials listed in 49 CFR 385.403 by motor vehicle in interstate, intrastate, or foreign commerce.

This HMSP will be effective beginning February 15, 2024 and remain effective through March 31, 2026 if your company maintains compliance with the requirements pertaining to the safe and secure movement of hazardous materials for the protection of the public (49 CFR 385 and other applicable Federal Motor Carrier Safety Regulations and Hazardous Material Regulations). Failure to maintain compliance will constitute sufficient grounds for suspension or revocation of this authority.

Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a Department of Transportation safety fitness rating less than "Satisfactory" or by other indicators, could result in a proceeding requiring the holder of this permit to show cause as to why this authority should not be suspended or revoked.

For questions regarding this document you may contact the FMCSA Hazardous Materials Division by email at fmcsa.hmsp@dot.gov or by phone at (202) 365-2400 or by fax at (202) 366-3621.

Sincerely,

Paul Bomgardner
Chief, Hazardous Material Division



SAFETY DATA SHEET

This safety data sheet was created pursuant to the requirements of:
US OSHA Hazard Communication Standard 2024 (29 CFR 1910.1200)

Issuing Date: 24-Mar-2021

Revision Date: 29-Jul-2025

Version: 3

1. Identification

Product identifier

Product Name Azone - EPA Reg. No. 7870-1

Other means of identification

Product Code 41930

UN/ID No UN1791

Synonyms Sodium Hypochlorite Solution, Bleach Solution, Bleach Liquor, Hypo-solution, Bleach, Liquid Bleach ; Sodium oxychloride; Sodium chloride oxide

Recommended use of the chemical and restrictions on use

Recommended Use Industrial, Manufacturing or Laboratory use.

Restrictions on Use None known

Details of the supplier of the safety data sheet

Manufacturer Address

Hawkins, Inc.
2381 Rosegate
Roseville, MN 55113
(612) 331-6910

E-mail SDS@hawkinsinc.com for SDS questions. All others contact
customer.service@hawkinsinc.com

Emergency Telephone: CHEMTREC: 1-800-424-9300 (US) / +1 703-741-5970 (International)

2. Hazard(s) identification

Classification of the substance or mixture

Corrosive to metals	Category 1
Skin corrosion/irritation	Category 1 Sub-category B
Serious eye damage/eye irritation	Category 1
Specific target organ toxicity (single exposure)	Category 3
Category 3 Target organ effects: Respiratory irritation.	

Hazards not otherwise classified (HNOC)

Not applicable

Label elements



Danger

Hazard statements

May be corrosive to metals.
 Causes severe skin burns and eye damage.
 May cause respiratory irritation.

Precautionary Statements - Prevention

Do not breathe dust.
 Wash face, hands and any exposed skin thoroughly after handling.
 Wear protective gloves, protective clothing, eye protection and face protection.
 Use only outdoors or in a well-ventilated area.
 Keep only in original packaging.

Precautionary Statements - Response

Immediately call a POISON CENTER or doctor.
 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
 IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water or shower.
 Wash contaminated clothing before reuse.
 IF INHALED: Remove person to fresh air and keep comfortable for breathing.
 Immediately call a POISON CENTER or doctor.
 Call a POISON CENTER or doctor if you feel unwell.
 IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
 Absorb spillage to prevent material damage.

Precautionary Statements - Storage

Store locked up.
 Store in a well-ventilated place. Keep container tightly closed.
 Store in corrosion resistant container with a resistant inner liner.

Precautionary Statements - Disposal

Dispose of contents and container in accordance with local, regional, national, and international regulations as applicable.

Hazards classified under paragraph (d)(1)(ii) of 1910.1200

Conditions	Chemical hazard classification	Category
Exposure to Acids producing chlorine gas.	Acute toxicity - Inhalation (Gases) Skin corrosion/irritation Serious eye damage/eye irritation Specific target organ toxicity (single exposure) Oxidizing gases Corrosive to metals	Category 2 Category 1 Category 1 Category 3 (respiratory irritation) Category 1 Category 1
Exposure to ammonia or nitrogen compounds producing chloramine (nitrogen trichloride) gas.	Oxidizing gases Acute toxicity - Inhalation (Gases) Serious eye damage/eye irritation Specific target organ toxicity (single exposure) Hazards not otherwise classified (HNOC)	Classification not possible Category 1 Category 2 Category 3 Respiratory tract irritation May cause an explosion under conditions of shock or friction or heat.
Exposure to metals may lead to the evolution of hydrogen gas.	Flammable gases	Category 1

Other Information

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

3. Composition/information on ingredients**Substance**

Not applicable.

Mixture

Synonyms Sodium Hypochlorite Solution, Bleach Solution, Bleach Liquor, Hypo-solution, Bleach, Liquid Bleach ; Sodium oxychloride; Sodium chloride oxide

Chemical name	CAS No.	Weight-%
Sodium hypochlorite	7681-52-9	10-12.5
Sodium chloride	7647-14-5	7.5-9.5
Sodium Hydroxide	1310-73-2	0.3-1.0
Water	7732-18-5	Balance

Any concentration shown as a range is due to batch variation.

4. First-aid measures

Description of first aid measures

General advice	Show this safety data sheet to the doctor in attendance. Immediate medical attention is required.
Inhalation	May cause asthma-like (reactive airways) symptoms. Remove to fresh air. If breathing has stopped, give artificial respiration. Get medical attention immediately. Do not use mouth-to-mouth method if victim ingested or inhaled the substance; give artificial respiration with the aid of a pocket mask equipped with a one-way valve or other proper respiratory medical device. If breathing is difficult, (trained personnel should) give oxygen. Delayed pulmonary edema may occur.
Eye contact	Do not attempt to neutralize with chemical agents. Oils and ointments should not be used at this time. Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Keep eye wide open while rinsing. Do not rub affected area. Get immediate medical attention.
Skin contact	Wash off immediately with soap and plenty of water while removing all contaminated clothes and shoes. Irritation may follow an initial latency which may vary by hours for dilute solutions to minutes for more concentrated solutions. If skin feels slippery, the product may be still present in sufficient quantities to cause rash or burn. Continue washing skin until slick feeling is gone. Discard footwear that cannot be decontaminated and any leather articles. Get immediate medical attention.
Ingestion	Damage may appear days after exposure. Do not attempt to neutralize. Rinse mouth. Never give anything by mouth to an unconscious person. Do NOT induce vomiting. Get immediate medical attention. If vomiting occurs spontaneously, keep head below hips to prevent aspiration.
Self-protection of the first aider	Avoid contact with skin, eyes or clothing. Wear personal protective clothing (see section 8). Ensure that medical personnel are aware of the material(s) involved, take precautions to protect themselves and prevent spread of contamination. Avoid direct contact with skin. Use barrier to give mouth-to-mouth resuscitation.

Most important symptoms and effects, both acute and delayed

Symptoms	Inhalation of high vapor concentrations may cause symptoms like headache, dizziness, tiredness, nausea and vomiting. Burning. Redness. May cause blindness. Coughing and/ or wheezing.
-----------------	--

Indication of any immediate medical attention and special treatment needed

Note to physicians	Product is a corrosive material. Use of gastric lavage or emesis is contraindicated. Possible perforation of stomach or esophagus should be investigated. Do not give chemical antidotes. Asphyxia from glottal edema may occur. Marked decrease in blood pressure may occur with moist rales, frothy sputum, and high pulse pressure.
---------------------------	--

5. Fire-fighting measures

Suitable Extinguishing Media	Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
-------------------------------------	---

Unsuitable extinguishing media	Do not scatter spilled material with high pressure water streams.
Specific hazards arising from the chemical	The product causes burns of eyes, skin and mucous membranes. Thermal decomposition can lead to release of irritating gases and vapors. Containers may explode when heated. Cool containers with flooding quantities of water until well after fire is out. Do not allow run-off from fire-fighting to enter drains or water courses.
Hazardous combustion products	Sodium oxides. Disodium oxide. Hydrogen chloride (HCl). Chlorine. On decomposition product releases oxygen which may intensify fire.
Explosion Data	
Sensitivity to mechanical impact	None.
Sensitivity to static discharge	None.
Special protective equipment and precautions for fire-fighters	Overexposure to toxic decomposition products may cause a health hazard. Firefighters should wear self-contained breathing apparatus and full firefighting turnout gear. Use personal protection equipment. In the event of fire and/or explosion do not breathe fumes.

6. Accidental release measures

Personal precautions, protective equipment and emergency procedures

Personal precautions	Avoid contact with skin, eyes or clothing. Ensure adequate ventilation. Use personal protective equipment as required. Attention! Corrosive material. Evacuate personnel to safe areas. Keep people away from and upwind of spill/leak.
Other information	Refer to protective measures listed in Sections 7 and 8.

Methods and material for containment and cleaning up

Methods for containment	Prevent further leakage or spillage if safe to do so. Suppress vapors with water spray. Keep out of drains, sewers, ditches and waterways.
Methods for cleaning up	Do not attempt to neutralize or mix with other cleaning agents. Dike far ahead of liquid spill for later disposal. Use a non-combustible material like vermiculite, sand or earth to soak up the product and place into a container for later disposal. Flush area with flooding quantities of water. Clean contaminated surface thoroughly.

7. Handling and storage

Precautions for safe handling

Advice on safe handling	Handle in accordance with good industrial hygiene and safety practice. Do not breathe dust/fume/gas/mist/vapors/spray. Avoid contact with skin, eyes or clothing. In case of insufficient ventilation, wear suitable respiratory equipment. Handle product only in closed system or provide appropriate exhaust ventilation. Do not eat, drink or smoke when using this product. Take off contaminated clothing and wash before reuse. When diluting, always add the product to water. Never add water to the product.
General hygiene considerations	Wear suitable gloves and eye/face protection. Do not eat, drink or smoke when using this product. Regular cleaning of equipment, work area and clothing is recommended. Avoid contact with skin, eyes or clothing. Remove and wash contaminated clothing and gloves, including the inside, before re-use. Contaminated work clothing must not be allowed out of the workplace. Wash hands before breaks and immediately after handling the product.

Conditions for safe storage, including any incompatibilities

Storage Conditions	Store in accordance with AWWA B300 - Hypochlorites. Keep containers tightly closed in a dry, cool and well-ventilated place. Store locked up. Keep out of the reach of children. Store away from other materials. Do not freeze. Do not contaminate food or feed stuffs.
---------------------------	--

Incompatible materials

Cleaner, detergents/soaps. Oxidizing agent. Acids. Bases. Amines. Reducing agent. Metals. Ammonia. Organic material. Peroxides.

8. Exposure controls/personal protection

Control Parameters**Exposure Limits**

The following ingredients are the only ingredients of the product above the cut-off level (or level that contributes to the hazard classification of the mixture) which have an exposure limit applicable in the region for which this safety data sheet is intended or other recommended limit. At this time, the other relevant constituents have no known exposure limits from the sources listed here.

Chemical name	ACGIH TLV	OSHA PEL	NIOSH
Sodium Hydroxide 1310-73-2	Ceiling: 2 mg/m ³	TWA: 2 mg/m ³ (vacated) Ceiling: 2 mg/m ³	Ceiling: 2 mg/m ³ IDLH: 10 mg/m ³

Note

See section 16 for terms and abbreviations.

Other information on limit values

Vacated limits revoked by the Court of Appeals decision in AFL-CIO v. OSHA, 965 F.2d 962 (11th Cir., 1992).

Biological occupational exposure limits

This product, as supplied, contains materials that do not have reportable biological exposure limits or are not subject to the reporting requirements of the local jurisdiction.

Appropriate engineering controls**Engineering controls**

Showers
Eyewash stations
Ventilation systems.

Individual protection measures, such as personal protective equipment**Eye/face protection**

Face protection shield. Tight sealing safety goggles.

Hand protection

Wear suitable gloves.

Skin and body protection

Wear suitable protective clothing. Chemical resistant apron. Product can react with various fabrics usually increasing with concentrations. Reactions vary significantly depending on strength of chemical, material, fabric treatment and dye color.

Respiratory protection

Use appropriate respiratory protection.

Environmental exposure controls

Do not allow into any sewer, on the ground or into any body of water. Local authorities should be advised if significant spillages cannot be contained.

9. Physical and chemical properties

Information on basic physical and chemical properties

Physical state	Liquid
Appearance:	Clear
Color:	Colorless to yellow
Odor (includes odor threshold)	Chlorine

Property	Values	Remarks • Method
Melting Point/Freezing Point:	-14 °C / 6.8 °F	
Boiling point (or initial boiling point or boiling range)	No data available	
Flammability (solid, gas)	No data available	
Flammability Limits in Air:		
Upper Flammability Limit:	No data available	
Lower Flammability Limit:	No data available	

Flash Point:	No data available
Autoignition Temperature:	No data available
Value	No data available
SADT (°C)	No data available
pH	> 10
pH (as aqueous solution)	No data available
Kinematic Viscosity:	No data available
Dynamic Viscosity:	No data available
Solubility	No data available
Water solubility	Soluble
Partition coefficient n-octanol/water (log value)	No data available
Vapor pressure (includes evaporation rate)	No data available
Evaporation Rate (BuAc=1):	No data available
Density and/or relative density	1.16
Bulk Density:	No data available
Liquid Density	No data available
Vapor density (Air =1)	No data available
Particle characteristics	
Particle Size	No data available
Particle Size Distribution	No data available

10. Stability and reactivity

Reactivity	Contact with most metals will generate flammable hydrogen gas. Contact with acids liberates toxic gas. May react with oxidizing agents. Violent reactions may occur with some organic compounds. Reacts readily with various reducing sugars to produce carbon monoxide.
Chemical stability	Slowly decomposes on contact with air. Rate increases with the concentration and temperature. Sodium hypochlorite becomes less toxic with age.
Possibility of hazardous reactions	Hazardous gases may be generated from contact with acids, ammonium hydroxide (aqua ammonia) or cleaners containing ammonia compounds. Contact with acids, halogenated organics, organic nitro compounds, glycols, or sodium tetrahydroborate may produce flammable gas. Contact with 1,2-dichloroethylene, trichloroethylene, tetrachloroethane or phosphorous can form spontaneously flammable chemicals. Reacts with acids by giving off heat. Contact with water generates heat. Heating causes rise in pressure with risk of bursting.
Conditions to Avoid:	Exposure to air or moisture over prolonged periods. Extremes of temperature and direct sunlight.
Incompatible materials	Cleaner, detergents/soaps. Oxidizing agent. Acids. Bases. Amines. Reducing agent. Metals. Ammonia. Organic material. Peroxides.
Hazardous decomposition products	Sodium oxides. Disodium oxides. Chlorine. Hydrogen chloride (HCl). Oxygen.

11. Toxicological information

Information on likely routes of exposure

Product Information

Inhalation

Specific test data for the substance or mixture is not available. Corrosive by inhalation. (based on components). Inhalation of corrosive fumes/gases may cause coughing, choking, headache, dizziness, and weakness for several hours. Pulmonary edema may occur with tightness in the chest, shortness of breath, bluish skin, decreased blood pressure, and increased heart rate. Inhaled corrosive substances can lead to a toxic edema of the lungs.

Pulmonary edema can be fatal. May cause irritation of respiratory tract.

Eye contact	Specific test data for the substance or mixture is not available. Causes serious eye damage. (based on components). Corrosive to the eyes and may cause severe damage including blindness. May cause irreversible damage to eyes. Causes burns.
Skin contact	Specific test data for the substance or mixture is not available. Corrosive. (based on components). Causes burns.
Ingestion	Specific test data for the substance or mixture is not available. Causes burns. (based on components). Ingestion causes burns of the upper digestive and respiratory tracts. May cause severe burning pain in the mouth and stomach with vomiting and diarrhea of dark blood. Blood pressure may decrease. Brownish or yellowish stains may be seen around the mouth. Swelling of the throat may cause shortness of breath and choking. May cause lung damage if swallowed. May be fatal if swallowed and enters airways.

Symptoms related to the physical, chemical and toxicological characteristics

Symptoms	Redness. Burning. May cause blindness. Coughing and/ or wheezing. Inhalation of high vapor concentrations may cause symptoms like headache, dizziness, tiredness, nausea and vomiting.
-----------------	--

Acute toxicity

Numerical measures of toxicity

The following ATE values have been calculated for the mixture

ATEmix (oral)	13,974.50 mg/kg
ATEmix (dermal)	43,182.70 mg/kg
ATEmix (inhalation-dust/mist)	17.60 mg/l

Component Information

Chemical name	Oral LD50	Dermal LD50	Inhalation LC50
Sodium hypochlorite 7681-52-9	= 8.91 g/kg (Rat)	> 20000 mg/kg (Rabbit)	> 10.5 mg/L (Rat) 1 h
Sodium chloride 7647-14-5	= 3550 mg/kg (Rat)	> 10000 mg/kg (Rabbit)	> 42 mg/L (Rat) 1 h
Sodium Hydroxide 1310-73-2	= 325 mg/kg (Rat)	= 1350 mg/kg (Rabbit)	-
Water 7732-18-5	> 90 mL/kg (Rat)	-	-

Delayed and immediate effects as well as chronic effects from short and long-term exposure

Skin corrosion/irritation	Classification based on data available for ingredients. Causes severe skin burns and eye damage.
Serious eye damage/eye irritation	Classification based on data available for ingredients. Causes serious eye damage. Causes burns. Risk of serious damage to eyes.
Respiratory or skin sensitization	No information available.
Germ cell mutagenicity	No information available.
Carcinogenicity	Based on available data, the classification criteria are not met. The table below indicates whether each agency has listed any ingredient as a carcinogen.

Chemical name	ACGIH	IARC	NTP	OSHA
Sodium hypochlorite 7681-52-9	-	Group 3 - Not classifiable as to carcinogenicity in humans	-	-

Reproductive toxicity	No information available.
STOT - single exposure	May cause respiratory irritation.
STOT - repeated exposure	No information available.
Aspiration hazard	No information available.
Other Adverse Effects:	No information available.
Interactive effects	No information available.

12. Ecological information

Ecotoxicity Very toxic to aquatic life. Toxic to aquatic life with long lasting effects.

Sodium Hydroxide (1310-73-2)

Species	Ceriodaphnia dubia
Endpoint type	EC50
Effective dose	40.4 mg/L
Exposure time	48 h

Chemical name	Algae/aquatic plants	Fish	Toxicity to microorganisms	Crustacea
Sodium hypochlorite 7681-52-9	-	LC50: 0.06 - 0.11mg/L (96h, Pimephales promelas) LC50: 4.5 - 7.6mg/L (96h, Pimephales promelas) LC50: 0.4 - 0.8mg/L (96h, Lepomis macrochirus) LC50: 0.28 - 1mg/L (96h, Lepomis macrochirus) LC50: 0.05 - 0.771mg/L (96h, Oncorhynchus mykiss) LC50: 0.03 - 0.19mg/L (96h, Oncorhynchus mykiss) LC50: 0.18 - 0.22mg/L (96h, Oncorhynchus mykiss)	-	EC50: 0.033 - 0.044mg/L (48h, Daphnia magna)
Sodium chloride 7647-14-5	-	LC50: 5560 - 6080mg/L (96h, Lepomis macrochirus) LC50: =12946mg/L (96h, Lepomis macrochirus) LC50: 6020 - 7070mg/L (96h, Pimephales promelas) LC50: =7050mg/L (96h, Pimephales promelas) LC50: 6420 - 6700mg/L (96h, Pimephales promelas)	-	EC50: =1000mg/L (48h, Daphnia magna) EC50: 340.7 - 469.2mg/L (48h, Daphnia magna)

		LC50: 4747 - 7824mg/L (96h, Oncorhynchus mykiss)		
Sodium Hydroxide 1310-73-2	-	LC50: =45.4mg/L (96h, Oncorhynchus mykiss)	-	-

Persistence and Degradability: No information available.

Bioaccumulation There is no data for this product.

Other adverse effects No information available.

13. Disposal considerations

Waste treatment methods

Waste from residues/unused products Dispose of in accordance with local regulations. Dispose of waste in accordance with environmental legislation.

Contaminated packaging Do not reuse empty containers.

California Hazardous Waste Status This product contains one or more substances that are listed with the State of California as a hazardous waste.

14. Transport information

DOT

UN/ID No	UN1791
Proper shipping name	HYPOCHLORITE SOLUTIONS (SODIUM HYPOCHLORITE)
Hazard Class	8
Packing Group	III
Description	UN1791, HYPOCHLORITE SOLUTIONS (SODIUM HYPOCHLORITE), 8, PG III, MARINE POLLUTANT

15. Regulatory information

International Regulations

The Montreal Protocol on Substances that Deplete the Ozone Layer Not applicable

The Stockholm Convention on Persistent Organic Pollutants Not applicable

The Rotterdam Convention Not applicable

International Inventories

TSCA Complies

Chemical name	CAS No.	Inventory Listing Status	Commercial Activity Designation
Sodium hypochlorite	7681-52-9	Present	Active
Sodium chloride	7647-14-5	Present	Active

Chemical name	CAS No.	Inventory Listing Status	Commercial Activity Designation
Sodium Hydroxide	1310-73-2	Present	Active
Water	7732-18-5	Present	Active

DSL/NDSL	Complies
EINECS/ELINCS	Complies
ENCS	Complies
IECSC	Complies
KECL	Complies
PICCS	Complies
AICS	Complies
TCSI	Complies

TSCA - United States Toxic Substances Control Act Section 8(b) Inventory

DSL/NDSL - Canadian Domestic Substances List/Non-Domestic Substances List

EINECS/ELINCS - European Inventory of Existing Chemical Substances/European List of Notified Chemical Substances

ENCS - Japan Existing and New Chemical Substances

IECSC - China Inventory of Existing Chemical Substances

KECL - Korean Existing and Evaluated Chemical Substances

PICCS - Philippines Inventory of Chemicals and Chemical Substances

AICS - Australian Inventory of Chemical Substances

NZIoC - New Zealand Inventory of Chemicals

TCSI - Taiwan Chemical Substance Inventory

US Federal Regulations

SARA 313

Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA). This product does not contain any chemicals which are subject to the reporting requirements of the Act and Title 40 of the Code of Federal Regulations, Part 372.

SARA 311/312 Hazard Categories

Should this product meet EPCRA 311/312 Tier reporting criteria at 40 CFR 370, refer to Section 2 of this SDS for appropriate classifications.

CWA (Clean Water Act)

This product contains the following substances which are regulated pollutants pursuant to the Clean Water Act (40 CFR 122.21 and 40 CFR 122.42).

Chemical name	CWA - Reportable Quantities	CWA - Toxic Pollutants	CWA - Priority Pollutants	CWA - Hazardous Substances
Sodium hypochlorite - 7681-52-9	100 lb	-	-	X
Sodium Hydroxide - 1310-73-2	1000 lb	-	-	X

CAA (Clean Air Act)

This product does not contain any substances regulated as pollutants pursuant to Clean Air Act (CAA).

CERCLA

This material, as supplied, contains one or more substances regulated as a hazardous substance under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (40 CFR 302).

Chemical name	Hazardous Substances RQs	Extremely Hazardous Substances RQs	SARA Extremely Hazardous Substances TPQ
Sodium hypochlorite - 7681-52-9	100 lb / 45.4 kg (final RQ)	-	-
Sodium Hydroxide - 1310-73-2	1000 lb / 454 kg (final RQ)	-	-

OSHA - Process Safety Management - Highly Hazardous Chemicals

This product does not contain any substances regulated under Process Safety Management (29 CFR 1910.119).

US State Regulations**California Proposition 65**

This product is not known to contain any Proposition 65 chemicals at or above detection limits

U.S. EPA Label Information

EPA Pesticide Registration Number Not applicable.

16. Other information**NSF/ANSI/CAN 60 Certification**

Maximum Use (mg/L unless otherwise indicated): 48

NFPA Health hazards 3 Flammability 0 Instability 1 Special hazards -

Key or legend to abbreviations and acronyms used in the safety data sheet

ACGIH	American Conference of Governmental Industrial Hygienists
ATE	Acute Toxicity Estimate
Ceiling	Maximum limit value
DOT	Department of Transportation (United States)
EPA	U.S. Environmental Protection Agency
IARC	International Agency for Research on Cancer
LC50	Lethal Concentration to 50% of a test population
LD50	Lethal Dose to 50% of a test population (Median Lethal Dose)
NFPA	National Fire Protection Association
NIOSH	National Institute for Occupational Safety and Health
NTP	National Toxicology Program (United States)
OEL	Occupational exposure limits
OSHA	Occupational Safety and Health Administration of the US Department of Labor
PPE	Personal protective equipment
SADT	Self-Accelerating Decomposition Temperature
STEL	Short Term Exposure Limit
TSCA	Toxic Substances Control Act (United States)
TWA	Time-Weighted Average
VOC	Volatile organic compounds

Prepared By: Product Compliance Department
 Issuing Date: 24-Mar-2021
 Revision Date: 29-Jul-2025
 Revision Note: Format change.
Disclaimer:

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless

specified in the text.

End of Safety Data Sheet



Hawkins, Inc.
2381 Rosegate
Roseville, Minnesota 55113
Phone: (612) 331-6910
Fax: (612) 331-5304

PRODUCT DATA SHEET

Azone

PDS - 02730; REVISION 08
EFFECTIVE DATE: 18NOV24

General Characteristics:

Description: Azone is an 11.5% ("Trade %") sodium hypochlorite solution
Appearance: Clear, colorless to yellow liquid
Synonyms: Bleach, Liquid Chlorine
Chemical Formula: NaOCl
Molecular Weight: 74.44
CAS #: 7681-52-9
Shelf Life: 30 days
Storage Recommendations: Hawkins, Inc. recommends the storage/handling of sodium hypochlorite solutions be in accordance with AWWA B300 - Hypochlorites

Standard Specifications:

COMPONENT	SPECIFICATION
Available Chlorine, wt. %	9.50 - 11.91
Reserve Alkalinity, wt. % as NaOH	0.3 - 1.0
Sodium Hypochlorite, wt. %	10.0 - 12.5
Available Chlorine, g/L	109 - 141

Physical Properties:

COMPONENT	SPECIFICATION
Specific Gravity, 68° F	1.15 - 1.18
pH, Direct	> 10

Additional Information:

AWWA Standard: Product meets AWWA Standard B300 for Sodium Hypochlorite Solutions.

Bioterrorism Act of 2002: All appropriate Hawkins, Inc. facilities are registered with the FDA per the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

Country of Origin: Product is manufactured in the United States.

EPA Registered Name: AZONE

EPA Registration Number: 7870-1

NSF Certification: Certified to NSF/ANSI/CAN Std. 60 with a maximum use level of 48 mg/L.

Notice for Product Numbers: 41925, 41928, 41930, 62041, 62042, 815402

Hawkins, Inc. ("Hawkins") presents the information in this Product Data Sheet ("Information") in good faith and believes the Information to be accurate as of the Effective Date. Hawkins warrants only that when Hawkins ships the Product, it will meet published specifications. Other than this warranty, HAWKINS MAKES NO OTHER REPRESENTATION OR WARRANTY, EITHER EXPRESS OR IMPLIED, FOR COMPLETENESS, ACCURACY, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER NATURE WITH RESPECT TO THE INFORMATION, OR TO THE PRODUCT TO WHICH THIS INFORMATION REFERS. Hawkins will not be responsible for damages of any nature whatsoever resulting from the use of, or reliance upon, the Information or the Product to which the Information refers.



*Hawkins, Inc.
2331 Rosegate
Roseville, Minnesota 55113
Phone: (612) 331-6910
Fax: (612) 331-5304*

PRODUCT DATA SHEET

Azone

PDS - 02730; REVISION 08
EFFECTIVE DATE: 18NOV24

Trade % Calculations: Available Chlorine "Trade %" = Available Chlorine (g/L) / 10; Sodium Hypochlorite "Trade %" = Available Chlorine "Trade %" x 1.05

Notice for Product Numbers: 41925, 41928, 41930, 62041, 62042, 815402

Hawkins, Inc. ("Hawkins") presents the information in this Product Data Sheet ("Information") in good faith and believes the Information to be accurate as of the Effective Date. Hawkins warrants only that when Hawkins ships the Product, it will meet published specifications. Other than this warranty, **HAWKINS MAKES NO OTHER REPRESENTATION OR WARRANTY, EITHER EXPRESS OR IMPLIED, FOR COMPLETENESS, ACCURACY, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR ANY OTHER NATURE WITH RESPECT TO THE INFORMATION, OR TO THE PRODUCT TO WHICH THIS INFORMATION REFERS.** Hawkins will not be responsible for damages of any nature whatsoever resulting from the use of, or reliance upon, the Information or the Product to which the Information refers.

Page 2 of 2

Tier 2 Online Submission Report
E-Plan - University of Texas at Dallas
Reporting period : From January 1, 2024 to December 31, 2024

Facility Name	HAWKINS WATER TREATMENT GROUP - HOLLYWOOD	Facility ID	7552271
Company Name	HAWKINS, INC.	Facility Email	
Department Name		Mailing Address	5705 DEWEY STREET , HOLLYWOOD , FL - 33023
Physical Address	5705 DEWEY STREET , HOLLYWOOD, Broward county , FL - 33023 , USA	Latitude / Longitude	26.002022 / -80.201244
Max. No. of Occupants	6 <input checked="" type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Emergency 24-Hour Phone Number	305.731.7800
NAICS	424690 - Other Chemical and Allied Products Merchant Wholesalers	Dun & Bradstreet	11-332-8389 -
TRI Facility ID		RMP Facility ID	
Fire District			
Florida Facility ID:	36763 - Florida SERC Facility ID		
Subject to Emergency Planning under Section 302 of EPCRA (40 CFR part 355)?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Chemical Accident Prevention under Section 112(r) of CAA (40 CFR part 68, Risk Management Program)?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility Note			

Contact Information	Name (Title)	Phone	Email	Address
Emergency Contact	Will Thompkins (Branch Manager)	(305) 731-7800 (Tier II Secondary Contact) 305.731.7800 (24-hour)	will.thompkins@hawkinsinc.com	, , , , FL - , USA
Emergency Contact	Bret Moyer (SE Regional Manager)	(931) 800-9864 (24-hour) 321.299.9810 (Work)	bret.moyer@HawkinsInc.com	, , , , - , USA
Fac. Emergency Coordinator	Bret Moyer (SE Regional Manager)	(931) 800-9864 (24-hour) 321.299.9810 (Work)	bret.moyer@HawkinsInc.com	, , , , - , USA
Fac. Emergency Coordinator	Will Thompkins (Warehouse Manager)	407-365-8222 (Work) 305-522-0955 (24-hour)	Will.Thompkins@dumontchemicals.com	, , , , FL - , USA
Owner / Operator	Hawkins, Inc	612-331-6910 (Work) 651-200-0352 (Mobile - Cell)	graham.mahal@hawkins.com	2381 Rosegate, Roseville, , , MN - 612-331-6910, USA
Submitter	Weston DiBlasi (Compliance and Safety Specialist)	816.797.3729 (Mobile - Cell) 612.617.8551 (Work)	weston.diblas@hawkinsinc.com	2381 Rosegate, Roseville, MN, , MN - 55113, USA
Tier II Information Contact	Weston DiBlasi (Compliance and Safety Specialist)	816.797.3729 (Mobile - Cell) 612.617.8551 (Work)	weston.diblas@hawkinsinc.com	2381 Rosegate , Roseville , MN , MN - 55113 , USA

Facility Name: HAWKINS WATER TREATMENT GROUP - HOLLYWOOD

Facility ID: 7552271

Managed by The University of Texas at Dallas

Date signed

4.1 SOLICITATION RESPONSE FORM

City of Doral ITB No. 2025-11 – Purchase and Delivery of Liquid Sodium Hypochlorite Solution

Date Submitted	August 11, 2025
Company Name	Hawkins Inc
Date of Entity Formation	December 30, 1955
Entity Type (select one)	Corporation / Partnership / LLC / Other:
Corporate Address	2381 Rosegate, Roseville, MN 55113
Office Location	5705 Dewey Street, Hollywood FL 33023 (local branch)
FEI/EIN No.	41-0771293
Authorized Representative (Name and Title)	Douglas Lange, Vice President, Water Treatment Group

1. Bidder has the following License (attach copy):

- ☒ Chemical handling and distribution license.
- ☒ Hazardous materials license.
- ☒ Local Occupational License

2. Bidder is to provide proof of the regulatory requirements as to transportation of the Liquid Sodium Hypochlorite Solution:

- ☒ Compliance with (DOT) regulations in the U.S.
- ☒ Drivers of the company should have hazmat endorsements and special training.
- ☒ Delivery vehicles should display placarding and proper containment systems.

3. Bidder is to provide any proof of compliance with Environmental Permits and Standards:

- ☒ OSHA (Occupational Safety and Health Administration) requirements (U.S.)
- ☒ SDS (Safety Data Sheets) for all chemicals on site.
- ☒ Tier II reporting under EPCRA (U.S.) for large quantities.

4. The undersigned Bidder/Proposer agrees, if this Bid is accepted by the City, to enter into an agreement with the City of Doral to perform and furnish all goods and/or services as specified or indicated in the Contract for the Price and within the timeframe indicated in this proposal and in accordance with the terms and conditions of the Contract.

5. Bidder/Proposer accepts all of the terms and conditions of the Solicitation. This Bid will remain subject to acceptance for 180 days after the day of Bid opening. Bidder/Proposer agrees to sign and submit the Contract with any applicable documents required by this ITB within ten days after the date of City's Notice of Award (If applicable).

6. By responding to this sealed Solicitation, the Bidder/Proposer makes all representations required by the Solicitation and further warrants and represents that Bidder/Proposer acknowledges that it has received and examined copies of the entire Solicitation documents including all of the following addenda:

Addendum No.: 1 Dated: July 9, 2025

Addendum No.: _____ Dated: _____

Addendum No.: _____ Dated: _____

Addendum No.: _____ Dated: _____

☐ Check here If no Addenda were issued.

7. Bidder/Proposer further warrants and represents that it has familiarized themselves with the nature and extent of the Contract, required goods and/or services, site, locality, and all local conditions and applicable laws and regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.
8. Bidder/Proposer further warrants and represents that it has studied carefully all requirements as to delivery of the product to the site, that is has observed all site and physical conditions to the extent applicable to the Work, and has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all information that pertains to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance, or furnishing of the Work, and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by Bidder/Proposer for such purposes.
9. Bidder/Proposer further warrants and represents that it has given the City written notice of all errors or discrepancies it has discovered in the Contract and the resolution thereof by the City is acceptable to Bidder/Proposer.
10. Bidder/Proposer further warrants and represents that this Bid/Proposal is genuine and not made in the interest of or on behalf of any other undisclosed person, firm or corporation; Bidder/Proposer has not directly or indirectly induced or solicited any other Bidder/Proposer to submit a false or sham Proposal; Bidder/Proposer has not solicited or induced any person, firm or corporation to refrain from submitting; and Bidder/Proposer has not sought by collusion to obtain for itself any advantage over any other Bidder/Proposer or over the City.
11. Bidder/Proposer understands that the quantities provided are only provided for proposal evaluation only. The actual quantities may be higher or lower than those in the proposal form.
12. Bidder/Proposer understands and agrees that the Contract Price is Unit Rate Contract to furnish and deliver all of the Work complete in place as such the Proposer shall furnish all labor, materials, equipment, tools superintendence, and services necessary to provide the product and delivery of the product.
13. Communications concerning this Proposal shall be addressed to:
- Bidder/Proposer: Hawkins Inc
- Telephone: 305-731-7800
- Email Address: bids@hawkinsinc.com
- Attention: Will Thompkins
14. The terms used in this response which are defined in the above-referenced Solicitation shall have the meanings assigned to them in such Solicitation.

STATEMENT

I understand that a "person" as defined in 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding Contract and which Bids or applies to Bid on Contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "persons" includes officers, directors, executives, partners, shareholders, employees, members, and agents active in management of the entity.

SUBMITTED THIS 11th DAY OF August, 2025.

Company Name:

Hawkins Inc.

Company Address:

2381 Rosegate, Roseville MN 55113

Authorized Representative
Signature:


Douglas Lange

Vice President, WTG

4.2 BIDDER QUALIFICATION STATEMENT

The Bidder's response to this questionnaire will be utilized as part of the City's evaluation to ensure that the Bidder meets, to the satisfaction of the City, the minimum requirements for participating in this Solicitation.

PROPOSER MUST PROVIDE DETAILS FULFILLING THE SOLICITATION'S MINIMUM QUALIFICATIONS. FAILURE TO MEET MINIMUM REQUIREMENTS WILL RESULT IN A DETERMINATION OF NON-RESPONSIVENESS. ADDITIONAL PROJECTS MAY BE ADDED BY COMPLETING ADDITIONAL COPIES OF THIS FORM, AS NEEDED. PLEASE REFER TO SECTION 3.3 OF THE ITB

Project No. 1			
Project Name:	Water Treatment Plant Bulk Chemicals ITB# 2023-02		
Project Location:	Coral Springs, FL		
Project Description:	Delivery of bulk chemicals needed at the Coral Springs Improvement District's Drinking water plant.		
Budget/Cost:	\$300,000 + annually	Contract Dates:	June 16, 2023 - current
Owner Name:	Coral Springs Improvement District	Reference Name:	Christian McShea
Reference Phone No.:	954-753-0380	Reference Email:	christianm@csidfl.org
Project No. 2			
Project Name:	Bulk chemical Purchase for Water Plant ITB No. 20-002		
Project Location:	Dania Beach, FL		
Project Description:	Delivery of bulk chemicals needed at the City of Dania Beach's Drinking water plant.		
Budget/Cost:	\$50,000 annually	Contract Dates:	2020 - current
Owner Name:	City of Dania Beach	Reference Name:	Nate Costa
Reference Phone No.:	954-924-6808	Reference Email:	ncosta@daniabeachfl.gov
Project No. 3			
Project Name:	Pool and Fountain Chemicals, Bid Number 101112421		
Project Location:	Tampa, FL		
Project Description:	Delivery of pool and fountain chemicals.		
Budget/Cost:	\$184,590 FY2022, FY2023	Contract Dates:	2022 - current
Owner Name:	City of Tampa	Reference Name:	Katrina House
Reference Phone No.:	813-274-8355	Reference Email:	katrina.house@tampagov.net

4.3 BID PRICE SHEET

Attached below is a Bid Pricing Information Sheet. Please provide unit pricing based on the specifications outlined in the ITB.

PRICING INFORMATION

Item Description	Unit	Estimated Quantity	Unit Price (\$)	Total Price (\$)
Sodium Hypochlorite Solution (10.5% min)	Gallon	[e.g., 2800 gallons per delivery]	\$2.65/gallon	\$7,420.00
Normal Delivery (within 3 calendar days)	Per Load	[# loads/year]	\$7,420.00	
Emergency Delivery (within 24 hours)	Per Load	[# emergency loads/year]	\$7,420.00	
Leak-Free Connection Device (if not included in the unit price)	Each	1	N/A	
Other Applicable Fees (describe)			N/A	
TOTAL ESTIMATED PRICE:				

DELIVERY AND SAFETY COMPLIANCE

Confirm the following by checking each box:

- ☒ I certify that all transportation equipment used for deliveries will be clean and free of contaminants.
- ☒ I agree to supply all necessary valves, pumps, and hoses for safe and secure product transfer.
- ☒ I will ensure leak-free, City-approved connection devices at each delivery.
- ☒ I understand the City may reject deliveries made with poorly maintained or leaking equipment.
- ☒ I accept liability for spills caused by my equipment or personnel and will ensure immediate cleanup.
- ☒ I will provide emergency deliveries within 24 hours upon request.

VENDOR QUALIFICATIONS

Please attach the following to your bid submission (check each box to confirm inclusion):

- ☒ Proof of five (5) years operation in Florida
- ☒ Documentation of contracts with at least two (2) Florida government entities for three (3) continuous years each
- ☒ Good standing performance documentation for referenced contracts
- ☒ Legal documentation for any name changes or mergers (if applicable)
- ☒ Completed Section 4 forms (as required)

4.4 REQUIRED REFERENCE SURVEY FORM



City of Doral
8401 NW 53rd Terrace
Doral, Florida 33166

The Next Line to Be Completed by the Firm Being Referenced:

Firm Name: Hawkins Inc

ITB No. 2025-11 Purchase and Delivery of Liquid Sodium Hypochlorite Solution

The City of Doral is currently evaluating the qualifications of various firms to provide the above services and the indicated firm has listed you as a reference, having performed similar services for your organization. Please take a few moments to complete the following survey and return it to the Firm Representative who requested it. Your assistance in providing this information is appreciated.

This Section To Be Completed by the Reference Provider:

Products / Services being provided by: _____

Since when has the product or services have been provided by the vendor: _____

Project Description: _____

Contract Amount: _____

Was the firm responsive to your needs and requests? ☐ Yes ☐ No

Was there good communication between the client and the firm? ☐ Yes ☐ No

Was the firm proactive in resolving problems and disputes? ☐ Yes ☐ No

Was delivery of the product provided on time consistently ☐ Yes ☐ No

Were the services completed on time and within budget? ☐ Yes ☐ No

Has this firm ever been awarded a repeat contract by your organization for similar services? ☐ Yes ☐ No

Would you award a contract to this firm again for similar services? ☐ Yes ☐ No

How would you rate the overall performance of the firm:

☐ Excellent ☐ Very Good ☐ Satisfactory ☐ Unsatisfactory

Additional Comments: _____

Firm and Person Providing Information:

Printed Name: _____ Title: _____ Signature: _____

Firm Name: _____ Email: _____

Phone Number: _____

4.5 LIST OF PROPOSED SUBCONTRACTORS

BIDDER shall list all Proposed Subcontractors to be used on this project if they are awarded the contract.

SCOPE

SUBCONTRACTOR NAME, ADDRESS AND LICENSE #

N/A

If, prior to Notice of the Award, the City or the Contractor has reasonable objection to and refuses to accept any Subcontractor, Supplier, person or organization listed, the Contractor may, prior to Notice of Award, submit an acceptable substitute without an increase in their bid price.

4.6 BIDDER/PROPOSER AFFIDAVITS

Business Name: Hawkins Inc

D.B.A.: Hawkins Water Treatment Group, Inc **Federal I.D. No.:** 41-0771293

Business Address: 2381 Rosegate

City: Roseville **State:** MN **Zip:** 55113

I, the undersigned affiant do swear and affirm that I am an authorized agent of the above-named business ("Bidder") and authorized to make the following statements and certifications on Bidder's behalf:

1. Ownership Disclosure

Pursuant to City Code Section 2-384, the above-named Bidder hereby discloses the following principals, individuals, or companies with five percent (5%) or greater ownership interest in Bidder (supplement as needed):

<i>Name</i>	<i>Address</i>	<i>% Ownership</i>
Blackrock Inc	55 E 52ND St, New York, NY 10055	14.3%
The Vanguard Group	100 Vanguard Blvd, Malvern, PA 19355	6.9%

The above-named Bidder hereby discloses the following subcontractors (supplement as needed):

<i>Name</i>	<i>Address</i>	<i>% Ownership</i>

Bidder hereby recognizes and certifies that no elected official, board member, or employee of the City of Doral ("City") shall have a financial interest in any transactions or any compensation to be paid under or through any transactions between Bidder and City, and further, that no City employee, nor any elected or appointed officer (including City board members) of the City, nor any spouse, parent or child of such employee or elected or appointed officer of the City, may be a partner, officer, director or proprietor of Bidder, and further, that no such City employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Bidder. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Bidder.

Any exception to these above-described restrictions must be expressly provided by applicable law or ordinance and be confirmed in writing by City. Further, Bidder recognizes that with respect to any transactions between Bidder and City, if any Bidder violates or is a party to a violation of the ethics ordinances or rules of the City, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to City, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Bidder may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for goods or services to City. The term "Bidder," as used herein, include any person or entity making a proposal herein to City or providing goods or services to City.

2. Public Entity Crimes

1. Bidder is familiar with and understands the provisions of Section 287.133, Florida Statutes
2. Bidder further understands that a person or affiliate who has been placed on the convicted Bidder list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted Bidder list.
3. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (**INDICATE WHICH STATEMENT APPLIES.**)
 - X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - _____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - _____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted Bidder list. (Attach a copy of the final order.)

3. Compliance With Foreign Entity Laws

Applicant certifies as follows:

- a. Bidder is not owned by the government of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
- b. The government of a foreign country of concern does not have a controlling interest in Bidder, as defined in Section 287.138, Florida Statutes.
- c. Bidder is not organized under the laws of a foreign country of concern, as defined in Section 287.138, Florida Statutes.
- d. Bidder does not have a principal place of business in a foreign country of concern, as defined in Section 287.138, Florida Statutes.
- e. Bidder is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in Iran Terrorism Sectors List, created pursuant to s. 215.473.
- f. Bidder is not engaged in business operations in Cuba or Syria.
- g. Bidder is not participating in a boycott of Israel, and is not on the Scrutinized Companies that Boycott Israel list in accordance with the requirements of Sections 287.135 and F.S. 215.473, Florida Statutes

4. Disability, Nondiscrimination, and Equal Employment Opportunity

Applicant certifies that Bidder is in compliance with and agrees to continue to comply with, and ensure that any subcontractor, or third party contractor under any and all contracts with the City of Doral complies with all applicable

requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

- The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 12101-12213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.
- The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes.
- The Rehabilitation Act of 1973, 29 USC Section 794.
- The Federal Transit Act, as amended 49 USC Section 1612.
- The Fair Housing Act as amended 42 USC Section 3601-3631

5. Conformance with OSHA Standards

Applicant certifies and agrees that Applicant has the sole responsibility for compliance with all the requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and in the event the City engages Bidder, Bidder agrees to indemnify and hold harmless the City of Doral, against any and all liability, claims, damages losses and expenses the City may incur due to the failure of itself or any of its subcontractors to comply with such act or regulation in the performance of the contract.

6. E-Verify Program Affidavit

Affiant certifies the following:

- a. Affiant is familiar with and understands the provisions of Section 448.095, Florida Statutes and 48 CFR 52.222-54 and has sufficient knowledge of the personnel practices of the Bidder to execute this Declaration on behalf of the Bidder.
- b. Bidder has registered with and utilizes the federal work authorization program commonly known as E-Verify or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095, which prohibits the employment, contracting or sub-contracting with an unauthorized alien.
- c. Bidder does not knowingly employ Affiants or retain in its employ a person whose immigration status makes them ineligible to work for the Bidder.
- d. Bidder has verified that any subcontractors utilized to deliver goods or services to the City through the Contractor's contract with the City use the E-Verify system and do not knowingly employ persons whose immigration status makes them ineligible to work for the subcontractor. The undersigned further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request.
- e. Failure to comply with the requirements of F.S. 448.095 may result in termination of the Bidder's contract(s) with the City of Doral.

7. Affidavit Regarding Unauthorized Aliens under 448.095, Florida Statutes

Bidder affirms compliance with Section 2(b)(1) of 448.095, Florida Statutes which affirms that the bidder does not employ, contract with, or subcontract with unauthorized aliens.

8. Affidavit Regarding the Use of Coercion for Labor and Services

Bidder affirms its compliance with Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Doral, is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of the Contractor, I certify that the Contractor identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose.

9. No Contingency Affidavit

Affiant certifies the following:

- a. Neither Bidder nor any principal, employee, agent, representative or family member has promised to pay, and Bidder has not and will not pay, a fee the amount of which is contingent upon the City of Doral awarding a contract.
- b. Bidder warrants that neither it, nor any principal, employee, agent, or representative has procured, or attempted to procure, a contract with the City of Doral in violation of any of the provisions of the Miami- Dade County conflict of interest and code of ethics ordinances.
- c. Bidder acknowledges that a violation of this warranty may result in the termination of any contracts and forfeiture of funds paid, or to be paid, to the Bidder if awarded a contract.

10. Copeland Anti-Kickback Affidavit

Affiant certifies that no portion of any sums will be paid to any employees of the City of Doral, its elected officials, or its consultants, as a commission, kickback, reward or gift, directly or indirectly by Bidder or any member of Bidder's firm or by any officer of the corporation in exchange for business with the City of Doral.

11. Non-Collusion Affidavit

I, the undersigned affiant, swear or affirm that:

- a. Affiant is fully informed respecting the preparation and contents of the attached Bid/Proposal by Contractor and of all pertinent circumstances respecting such Bid/Proposal.
- b. Such Bid/Proposal is genuine and is not a collusive or sham Bid/Proposal.
- c. Neither the said Contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including Affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other firm or person to submit a collusive or sham Bid/Proposal in connection with the Work for which the attached Bid/Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any firm or person to fix any overhead, profit, or cost elements of the Bid/Proposal or of any other person submitting a response to the solicitation, or to fix any overhead, profit, or cost elements of the quoted price(s) or the quoted price(s) of any other bidding/proposing person, or to secure through any collusion,

conspiracy, connivance, or unlawful agreement any advantage against the City or any person interested in the proposed Work.

- d. The price(s) quoted in the attached Bid/Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Contractor or any other of its agents, representatives, owners, employees or parties in interest, including this Affiant.

12. Drug Free Workplace Program

Bidder, in accordance with Florida statute 287.087 hereby certifies that the Bidder does all of the following:

- a. Publishes a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- b. Informs Employees about the dangers of drug abuse in the workplace, the business' policy of maintaining drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- c. Gives each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (a).
- d. In the statement specified in subsection (a), notifies the employees that, as a conditions of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- e. Imposes a sanction on, or require the satisfactory participation in, a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- f. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

13. Cone of Silence Certification

Affiant certifies and that Affiant has read and understands the Cone of Silence" requirements set forth in this Solicitation and further certify that neither I, nor any agent or representative of the Company has violated this provision.

BIDDER AFFIRMATION

I, the undersigned affiant, being first duly sworn as an authorized agent of the below-named Bidder, does hereby affirm and attest under penalty of perjury as the proposed Bidder for City of Doral that the certifications and statements provided above on behalf of Bidder are true to the best of affiant's knowledge and belief and that Bidder is compliant with all requirements outlined in these City of Doral Affidavits. Bidder acknowledges it is required to comply with and keep current all statements sworn to in the above affidavits and will notify the City of Doral immediately if any of the statements attested hereto are no longer valid.

Hawkins Inc.

Bidder Name

[Signature]
Affiant Signature

8/11/2025

Date Signed

Douglas Lange Vice President, Water Treatment Group

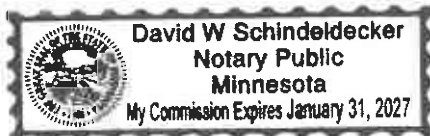
Affiant Name & Title (Printed)

STATE OF Minnesota

COUNTY OF Ramsey

The foregoing instrument was affirmed, subscribed, and sworn to before me this 11th day of August, 2025 by means of ☒ physical presence or ☐ online notarization, by Douglas Lange who is personally known to me or who produced the following identification: _____

[Notary Seal]



[Signature]

Notary Public for the State of Minnesota

My commission expires: January 31, 2027

4.7 CONFLICT OF INTEREST DISCLOSURE

Business Name: Hawkins Inc.

D.B.A.: _____ **Federal I.D. No.:** 41-0771293

Business Address: 2381 Rosegate

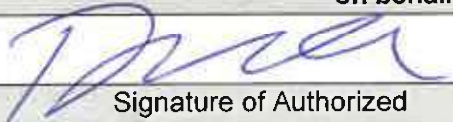
City: Roseville **State:** MN **Zip:** 55113

Please note that all business entities interested in or conducting business with the City are subject to comply with the City of Doral's conflict of interest policies as stated within the certification section below. If a vendor has a relationship with a City of Doral official or employee, an immediate family member of a City of Doral official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.

Conflict of Interest Disclosure*	
Name of City of Doral employees, elected officials, or immediate family members with whom there may be a potential conflict of interest: _____ _____	<input type="checkbox"/> Relationship to employee <input type="checkbox"/> Interest in vendor's company <input type="checkbox"/> Other (please describe below) _____ _____ <input checked="" type="checkbox"/> No Conflict of Interest

**Disclosing a potential conflict of interest does not automatically disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.*

I certify that this Conflict-of-Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:		
	8/11/2025	Douglas Lange
Signature of Authorized	Date	Printed Name of Authorized

4.8 CERTIFICATE OF AUTHORITY

(IF CORPORATION OR LLC)

I HEREBY CERTIFY that at a meeting of the Board of Directors of _____, a corporation organized and existing under the laws of the State of _____, held on the ____ day of _____, a resolution was duly passed and adopted authorizing _____ (Name) as _____ (Title) of the corporation/company to execute agreements on behalf of the corporation/company and providing that their execution thereof, attested by the secretary of the corporation/company, shall be the official act and deed of the corporation/company. I further certify that said resolution remains in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 11th day of August, 2025.

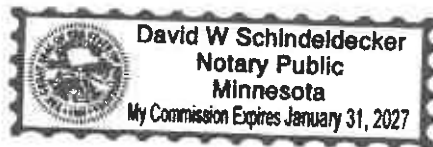
Secretary Signature: _____

Print Name: Richard Erstad Vice President, Secretary and General Council

STATE OF Minnesota
COUNTY OF Ramsey

The foregoing instrument was affirmed, subscribed, and sworn to before me this 11th day of August, 2025 by means of ☒ physical presence or ☐ online notarization, by Richard Erstad who is personally known to me or who produced the following identification: _____

[Notary Seal]



Notary Public for the State of Minnesota
My commission expires: January 31, 2027



August 11, 2025

SECRETARY'S CERTIFICATE

The undersigned hereby certifies that I am the Secretary of Hawkins, Inc., a corporation created under the laws of the State of Minnesota, domiciled in Roseville, Minnesota.

I further certify that Patrick Hawkins is the duly appointed Chief Executive Officer and President, and is, by virtue of his appointment, authorized under the laws of the State of Minnesota to submit proposals and execute agreements on behalf of Hawkins, Inc.

I further certify that Jeffrey Oldenkamp is the duly appointed Executive Vice President - Chief Financial Officer and is, by virtue of his appointment, authorized under the laws of the State of Minnesota to submit proposals and execute agreements on behalf of Hawkins, Inc.

I further certify that Douglas Lange is the duly appointed Vice President, Water Treatment Group and is, by virtue of his appointment, authorized under the laws of the State of Minnesota to submit proposals and execute agreements on behalf of Hawkins, Inc.

IN WITNESS WHEREOF, I have hereunto set my hand as Secretary of the Company this 11th day of August 2025, and I certify that the above is true and correct.


Richard G. Erstad, Secretary



SWORN TO AND SUBSCRIBED BEFORE ME

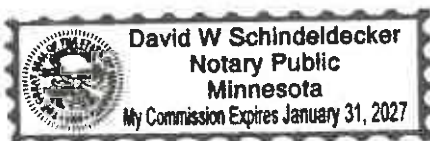
THIS 11th DAY OF August 2025



NOTARY PUBLIC (Signature)

David Schindeldecker

NOTARY PUBLIC (Printed Name)



Hawkins, Inc.
2381 Rosegate, Roseville, MN 55113
(612) 331 6910

**4.9 AFFIDAVIT REGARDING UNAUTHORIZED ALIENS
UNDER 448.095, FLORIDA STATUTES**

In compliance with section 2(b)(1) of 448.095, Florida Statutes,

Name of Entity Hawkins Inc.

hereby affirms that it does not employ, contract
with, or subcontract with an unauthorized alien.

Douglas Lange

Vice President, WTG

Printed Name of Affiant

Printed Title of Affiant

Signature of Affiant

Hawkins Inc.

8/11/2025

Name of Entity

Date

2381 Rosegate

Roseville

MN

55113

Address of Entity

State

Zip Code

Notary Public Information

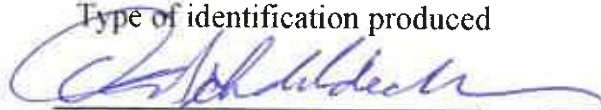
Notary Public State of Minnesota County of Ramsey

Subscribed and sworn to (or affirmed) before me this August 11th day of 20 25

By Douglas Lange

He or she is personally known to me ☒ or has produced identification ☐

Type of identification produced



1299926100032

Signature of Notary Public

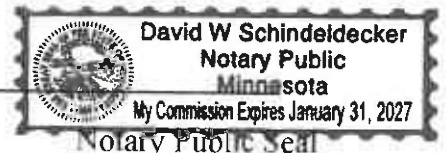
Serial Number

David Schindeldecker

January 31, 2027

Print or Stamp of Notary Public

Expiration Date



4.10 REQUIRED AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR AND SERVICES

Contractor Name:	Hawkins Inc.		
Contractor FEIN:	41-0771293		
Contractor's Authorized Representative Name and Title:	Douglas Lange Vice President, WTG		
City:	Roseville	State:	MN Zip: 55113
Phone Number:	(612) 331-6910		
Email Address:	bids@hawkinsinc.com		

Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. The City of Doral, is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of the Contractor, I certify that the Contractor identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

By: _____

Authorized Signature

Print Name and Title: Douglas Lange Vice President, Water Treatment Group

Date: 8/11/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2024

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 Marsh & McLennan Agency LLC 6160 Golden Hills Drive Minneapolis MN 55416	CONTACT NAME: Centralized Accounts Servicing Team PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: CAST@marshmma.com
INSURED Hawkins, Inc. 2381 Rosegate Roseville, MN 55113	INSURER(S) AFFORDING COVERAGE INSURER A : Nautilus Insurance Company INSURER B : Aspen Speciality Insurance Company INSURER C : Great Divide Insurance Company INSURER D : Intact Insurance Company INSURER E : American Casualty Company of Reading PA INSURER F : Transportation Insurance Company
	NAIC # 17370 10717 25224 55555 20427 20494

COVERAGES**CERTIFICATE NUMBER:** 947147076**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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GLP203306914	9/30/2024	9/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
C	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 <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA 99 48			BAP203306815	9/30/2024	9/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Liability Deductible \$ 50,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FFX203307014	9/30/2024	9/30/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
W	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	7040063527 7040063575 7040086306 7040086323	9/30/2024 9/30/2024 9/30/2024 9/30/2024	9/30/2025 9/30/2025 9/30/2025 9/30/2025	<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
A B D	Pollution Liability (Primary) Pollution Liability (Excess) Inland Marine			SSP201587913 EXAFVXW24 790036399	9/30/2024 9/30/2024 12/28/2024	9/30/2027 9/30/2027 12/28/2025	Total Limit with primary and excess Limits \$25,000,000 Occ \$25,000,000 Agg See Below

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

Inland Marine - Covered Railcars
VTGX 017003 - \$29,748.70
VTGX 017376 - \$29,748.70
VTGX 017415 - \$29,748.70
VTGX 017515 - \$29,748.70

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**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.) Hawkins 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. 2381 Rosegate		Requester's name and address (optional)
6 City, state, and ZIP code Roseville, MN 55113			
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										
4	1	-	0	7	7	1	2	9	3	

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 	Date _____
------------------	--	------------

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