

# MORRIS COUNTY MUA

## *Bid Security Statement*

This Bid is accompanied by bid security either in the form of a certified check on the

\_\_\_\_\_ Bank of \_\_\_\_\_

in the amount of \_\_\_\_\_

Dollars or a Bid Bond in the amount of 10% of amount bid not to exceed \$20,000.00

Dollars guaranteed by the undersigned as Bidder and Liberty Mutual Insurance Company

as Surety. This Bid is also accompanied by a Consent of Surety for Performance and Payment Bond in accordance with the conditions in the Bid Documents.

The Bidder hereby agrees that if this Bid shall be accepted by the MCMUA and the Bidder fails to execute and deliver the Contract and Contract bonds in accordance with the terms of this Bid and the requirements of the foregoing Information for Bidders and Requirements of Bid, then the Bidder shall be deemed to have abandoned the Contract and forfeited the bid security and there-upon the Bid and its acceptance shall be null and void.

Coppola Services, Inc. DBA NVIRO Serve

\_\_\_\_\_  
(Name of Firm or Individual)

CEO

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

*Michael Coppola*  
Michael Coppola, CEO

April 24, 2026

\_\_\_\_\_  
(Date)

Subscribed and sworn to before me this

April day of 24, 2026

Michael Bussinelli  
Notary Public of

My Commission expires March 26, 2021

MICHAEL BUSSINELLI  
Notary Public, State of New Jersey  
Comm. # 50244019  
My Commission Expires 03/26/2031



**MORRIS COUNTY MUA**

*Consent of Surety*


In consideration of the premises and of One Dollar (\$1.00), lawful money of the United States, to it in hand paid by the Contractor, the receipt whereof is hereby acknowledged, the undersigned surety consents and agrees that if the Contract, for which the preceding estimate and Bid is made, be awarded to the person or persons submitting the same as contracted, it will become bound as surety and guarantor for its faithful performance, and shall provide a one year performance bond in the amount equal to 100% of the contract amount prior to the execution of the contract. The Contractor shall also execute thereafter a bond as party of the third part thereto when required to do so by Owner.

In witness whereof, said surety has caused these present to be signed and attested by a duly authorized officer and its corporate seal to be hereto affixed this 24th day of April, 2026

(A corporate acknowledgment and statement of authority to be hereto attached by the surety company)

Liberty Mutual Insurance Company

By

  
\_\_\_\_\_  
*Surety Company* Lisa Nosal  
*Attorney-in-Fact*

Attest:

  
\_\_\_\_\_  
Adriana Giammichele

# MORRIS COUNTY MUA

## Surety Acknowledgement

STATE OF New Jersey )

COUNTY OF Essex )

SS:

On this 24th day of April in the year 2026 before me personally came Lisa Nosal to me known, who being by me duly sworn, did depose

and say, that he resides in Fairfield, NJ

that he is the Attorney-in-Fact of Liberty Mutual Insurance Company,

the Corporation described in and which executed the foregoing instrument; that he knows the seal of said Corporation; that the seal affixed to said instrument is such Corporate seal; that it was so affixed

by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

(Seal)

### CONTRACTOR ACKNOWLEDGMENT

STATE OF New Jersey )

COUNTY OF Bergen )

SS:

ADRIANA GIAMMICHELE  
Commission # 50216740  
Notary Public, State of New Jersey  
My Commission Expires  
December 08, 2028

On this 24 day of April in the year 2026, before me personally came Michael Coppola to me known, who being by me duly

sworn, did depose and say, that he resides in Township of West Milford; that he is the CEO of Coppola Services, Inc. DBA NVIRO Serve, the

Corporation described in and which executed the foregoing instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

(Seal)

Michael Bussinelli

MICHAEL BUSSINELLI  
Notary Public, State of New Jersey  
Comm. # 50244019  
My Commission Expires 03/26/2031

SEE ATTACHED

# MORRIS COUNTY MUA

## *Surety Disclosure Statement and Certificate*

Liberty Mutual Insurance Company, surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, 20\_\_ (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. sec. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) The amount of the bond to which this statement and certification is attached is \$ 10% of amount bid not to exceed \$20,000.00

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3) (1) or (3) (b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:

\_\_\_\_\_  
\_\_\_\_\_

# MORRIS COUNTY MUA

## *Surety Disclosure Statement and Certificate*

\_\_\_\_\_ ; and  
(b) Each surety that is party to any such contract of reinsurance certifies that each re-insure listed under item (5) (a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (c.17:513-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

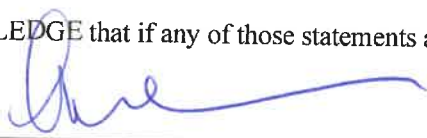
**CERTIFICATE**  
**(to be completed by an authorized certifying agent**  
**for each surety on the bond)**

I Lisa Nosal, as Attorney-in-Fact for  
(Name of Agent) (Title of Agent)

Liberty Mutual Insurance Company a corporation mutual insurance company/other (indicating  
(Name of Surety)

type of business organization) (circle one) domiciled in Massachusetts, DO  
(State of Domicile)

HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true and ACKNOWLEDGE that if any of those statements are false, this bond is VOID.

  
\_\_\_\_\_  
(Signature of Certifying Agent)

Lisa Nosal  
\_\_\_\_\_  
(Printed Name of Certifying Agent)

Attorney-in-Fact  
\_\_\_\_\_  
(Title of Certifying Agent)



**Liberty Mutual.**

**SURETY**

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION  
pursuant to N.J.S.A. 2A:44-143**

LIBERTY MUTUAL INSURANCE COMPANY, (hereinafter called "Surety"), the Surety on the attached bond, hereby certifies the following:

- 1) The Surety meets the applicable surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the Surety's most current annual filing with the New Jersey Department of Insurance.
- 2) The surplus of Liberty Mutual Insurance Company as determined in accordance with the applicable laws of this State, totals \$ 79,161,066,336.00 as of the calendar year ended December 31, 2025 , which amount has been certified by Ernst & Young LLP, 200 Clarendon Street, Boston, Massachusetts, 02116, and is included in the Annual Statement on file with the New Jersey Department of Insurance, 20 West State Street CN-325, Trenton, New Jersey 08625-0325.
- 3) Liberty Mutual Insurance Company has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. Section 9305, with an underwriting limitation established therein on August 1, 2025 in the amount of \$ 2,248,066,000
- 4) The amount of the bond to which this statement and certification is attached is \$ 10% of bid amount not to exceed \$20,000.00
- 5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under Item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in Item (3) above, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of the reinsurer's participation in the contract is as follows:

<u>Reinsurer</u>	<u>Address</u>	<u>Amount</u>
(Not Applicable)		and;

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L. 1993, c.243 (C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

**CERTIFICATE**

I, David M. Carey, as Assistant Secretary for Liberty Mutual Insurance Company, a corporation domiciled in Massachusetts, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me on behalf of Liberty Mutual Insurance Company are true, and ACKNOWLEDGE that, if any of those statements made by me on behalf of Liberty Mutual Insurance Company are false, this bond is VOIDABLE.

LIBERTY MUTUAL INSURANCE COMPANY

By: *David M. Carey*  
David M. Carey, Assistant Secretary

Dated: April 24, 2026



# POWER OF ATTORNEY

Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

Certificate No: 8214245-973841

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Adriana Giammichele; Joseph W. Mallory; Lisa Nosaj; Louis A. Vlahakes; Pamela J. Boyle; Robert E. Culnen

all of the city of Fairfield state of NJ each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 20th day of June, 2025.



Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

By: Nathan J. Zangerle  
Nathan J. Zangerle, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

State of PENNSYLVANIA ss  
County of MONTGOMERY

On this 20th day of June, 2025 before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
Teresa Pastella, Notary Public  
Montgomery County  
My commission expires March 28, 2029  
Commission number 1126044  
Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS:** Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**ARTICLE XIII – Execution of Contracts:** Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 24th day of April, 2026.



By: Renee C. Llewellyn  
Renee C. Llewellyn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



**LIBERTY MUTUAL INSURANCE COMPANY**  
**FINANCIAL STATEMENT – DECEMBER 31, 2025**

<b>Assets</b>	<b>Liabilities</b>
Cash and Bank Deposits.....\$4,639,129,070.00	Unearned Premiums..... \$9,548,471,466.00
*Bonds – U.S Government.....\$24,121,444,319.00	Reserve for Claims and Claims Expense..... \$28,631,659,506.00
*Other Bonds.....\$2,170,686,911.00	Funds Held Under Reinsurance Treaties..... \$318,121,716.00
*Stocks.....\$17,859,797,169.00	Reserve for Dividends to Policyholders..... \$924,130.00
Real Estate.....\$82,931,297.00	Additional Statutory Reserve..... \$190,397,000.00
Agents' Balances or Uncollected Premiums...\$6,938,791,711.00	Reserve for Commissions, Taxes and Other Liabilities..... \$7,407,537,792.00
Accrued Interest and Rents.....\$264,147,662.00	<b>Total..... \$46,097,112,301.00</b>
Other Admitted Assets.....\$23,084,138,197.00	Special Surplus Funds..... \$157,770,770.00
<b>Total Admitted Assets.....\$79,161,066,336.00</b>	Capital Stock..... \$10,000,075.00
	Paid in Surplus..... \$13,694,993,624.00
	Unassigned Surplus..... \$19,201,189,566.00
	Surplus to Policyholders..... \$33,063,954,035.00
	<b>Total Liabilities and Surplus..... \$79,161,066,336.00</b>

\* Bonds are stated at amortized or investment value; Stocks at Association Market Values.  
 The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the Massachusetts Department of Insurance.

I, NATHAN J. ZANGERLE, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2025, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Plymouth Meeting, Pennsylvania, this 10th day of March, 2026.

*Teresa Pastella*

Teresa Pastella, Notary Public



Commonwealth of Pennsylvania - Notary Seal  
 Teresa Pastella, Notary Public  
 Montgomery County  
 My commission expires March 28, 2029  
 Commission number 1126044  
 Member, Pennsylvania Association of Notaries

*Nathan J. Zangerle*

Nathan J. Zangerle, Assistant Secretary



# MORRIS COUNTY MUA

## *Price Proposal*

**PROPOSAL TO:**

*Morris County Municipal Utilities Authority*

Bid #2026-SW02 Leachate Collection and Disposal for a base period of two (2) years, with two (2) optional one-year extensions subject to change in Consumer Price Index (CPI) at the time of extension, in accordance with N.J.S.A. 40A:11-1 et. seq.

Description of Service	Unit	Year 1 Per Gallon Price	Year 2 Per Gallon Price
Collection and Transportation of Leachate from MCMUA Mt. Olive Transfer Station to Disposal Facility	Per Gallon	\$ <u>0 .16</u> written price <u>zero dollars</u> sixteen cents	\$ <u>0 .17</u> written price <u>zero dollars</u> seventeen cents
Bi-Annual Solids Removal and Disposal of Tank Sediment and Tank Cleaning from the MCMUA Mt. Olive Transfer Station	Each	\$ <u>3,500 .00</u> written price <u>Three thousand five</u> hundred dollars zero cents	\$ <u>4,000 .00</u> written price <u>Four thousand</u> dollars zero cents

**Bidder must provide pricing for Year 1 and Year 2**

**OPTIONAL EXTENSION YEARS**

The contract may be extended for up to two (2) additional one-year periods upon mutual agreement of the MCMUA and the Contractor. Extension year pricing shall be subject to adjustment based on the Consumer Price Index (CPI) as published by the U.S. Bureau of Labor Statistics, applicable at the time of extension. The CPI adjustment shall be calculated from the base year start date to the extension date.

Extension Period	Unit	Pricing Basis	Notes
Extension Year 1 (Year 3)	Per Gallon	Year 2 Price + CPI Adjustment	Subject to mutual agreement
Extension Year 2 (Year 4)	Per Gallon	Year 3 Price + CPI Adjustment	Subject to mutual agreement

**Estimated Annual Volume: Approximately 300,000 – 500,000 gallons per year (estimate only; no minimum or maximum guaranteed).**

The above prices shall include all costs associated with furnishing all labor, equipment, tractors, tank trailers, fuel, oils, supplies, insurance, permits, licenses, and any other materials or services necessary to perform the leachate collection, transportation, and disposal services as specified in the Technical Specifications.

This bid is submitted in accordance with N.J.S.A. 40A:11-1 et. seq., the Local Public Contracts Law.

# MORRIS COUNTY MUA

## Price Proposal Signature Form

**From:** Coppola Services, Inc. DBA NVIRO Serve  
28 Executive Parkway,  
Ringwood NJ 07456

**Vendor: The undersigned has reviewed the proposal submitted in response Bid#2026-SW02 Leachate Collection and Disposal issued by the MCMUA.**

We affirm that the contents of the proposal (which proposal is incorporated herein by reference) is accurate, factual and complete to the best of our knowledge and belief, and that the proposal is submitted in good faith upon express understanding that any false statements may result in the disqualification of our proposal.

The undersigned hereby agrees to furnish all labor, materials, supplies, supervision, equipment and other means as necessary to perform all the work and furnish all the materials in accordance with the Contract Documents at the proposed prices within the time constraints of Contract Documents:

**Business Name:** Coppola Services, Inc. DBA NVIRO Serve

**Representative's Name (print):** Michael Coppola

**Representative's Signature:** 

**Title:** CEO

**Complete Address:** 28 Executive Parkway, Ringwood NJ 07456

**Affix Seal if Corporation:**

# MORRIS COUNTY MUA

## *Questionnaire*

This questionnaire should be filled out and submitted as a part of the Bid. Failure to complete this form or to provide any of the requested information may be grounds for the rejection of the bid. If additional space is required, the respondent should add additional sheets, which identify the question being answered.

Number of years in business under present name & address:

40 years

If less than 5 years, list previous names and address:

N/A

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: No. If yes, provide the details in on a separate page.

Have any liens and lawsuits been filed against the company in the past 5 years: No

If yes, please provide details:

N/A

List similar services you are now providing for which you have signed contract, but not yet started work:

N/A

List all major subcontractors to be used to complete the service and the area of their responsibility:

See attached sheets

Please provide at least 3 references below:

**Name:** See attached sheet

**Phone:**

# MORRIS COUNTY MUA

## *Questionnaire*

**Address:** See attached sheet

**Equipment/Service Provided:**

**Contract Amount:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Equipment/Service Provided:** \_\_\_\_\_

**Contract Amount:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Equipment/Service Provided:** \_\_\_\_\_

**Contract Amount:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Equipment/Service Provided:** \_\_\_\_\_

**Contract Amount:** \_\_\_\_\_

# MORRIS COUNTY MUA

## *Technical Specifications*

### AMENDMENT OF WORK SPECIFICATIONS

These Work Specifications may be amended only by mutual consent of the MCMUA and the Contractor in writing.

### MCMUA-CONTRACTOR RELATIONS

#### MCMUA

##### A. GENERAL

The MCMUA, acting through the MCMUA Site Managers, shall have the MCMUA to act as the sole judge of the Work required to be performed under the Contract.

##### B. INSPECTION OF WORK

The MCMUA shall have the right to inspect all materials and Work performed at any time during the Term of the Contract. Contractor shall provide all reasonable facilities for the safe and convenient means of such inspection. However, the inspection of the Work by MCMUA shall not relieve the Contractor of any of Contractor's obligations under the Contract.

#### MCMUA'S RESPONSIBILITY

- A. Record Keeping - The MCMUA shall be responsible for keeping copies of all transportation and service records onsite.
- B. MCMUA Site Manager - The MCMUA Site Manager shall be responsible for coordination with the Contractor in the performance of the Work.
- C. Approvals and Permits - The MCMUA shall be responsible for obtaining necessary NJDEP approvals, permits, and Morris County Solid Waste Management Plan Amendments applicable to ownership and operation of the MCMUA Transfer Station Facility.

#### RESPONSIBILITIES OF CONTRACTOR

##### 1. SCOPE OF WORK

###### 1.1 General

The successful Contractor under this Contract shall furnish all labor, tractors, tank trailers, and any required supplementary supplies, including fuel, oils, and other materials, necessary to transport leachate from the Morris County Municipal Authority's

# MORRIS COUNTY MUA

## *Technical Specifications*

Mount Olive/Flanders Transfer Station Facility, located at 168 Gold Mine Road, Flanders, New Jersey 07836, to the Parsippany-Troy Hills Township Sewer Treatment Facility/Sanitary Sewer Utility, located at 1139 Edwards Road, Parsippany, New Jersey 07054.

The Morris County Municipal Authority (MCMUA) owns and operates a solid waste transfer station located in Mount Olive Township. As a result of facility operations, leachate is collected through a sanitary drain system and stored in a 6,000-gallon holding tank. This leachate must be periodically recovered and transported to a permitted facility for proper disposal and/or treatment. Currently, the MCMUA maintains an agreement with the Township of Parsippany to accept leachate generated by the Mount Olive Transfer Station facility.

This Contractor will begin transport services upon a written Notice to Proceed from the MCMUA.

The 6,000-gallon underground storage tank (UGST) that collects the transfer station's leachate is located on the transfer station property within a fenced area that is also used for other operational activities and may not be disrupted. The Contractor shall coordinate with the MCMUA Transfer Station Manager to schedule leachate removal at times that do not interfere with or interrupt daily transfer station operations.

At a minimum, the work to be performed by the Contractor shall include the following:

Furnishing properly licensed vehicles and fully credentialed drivers

- Loading of leachate into the tanker trailer
- Transportation of leachate to the designated disposal facility
- Unloading of the material at the appropriate receiving facility
- Providing Personnel and Vehicle Liability Insurance in accordance with the requirements of the MCMUA and the County of Morris
- Submission of billing documentation, including labor tracking, in accordance with specification requirements
- Billing shall be for removal and transportation services only; disposal costs have been prepaid by the MCMUA

### 1.2 Tracking Methods and Payment

Prior to commencing the pumping process, the Contractor's truck shall report to the Mount Olive Transfer Station scale house to obtain an empty (tare) weight. The truck shall then proceed to the tank location, pump the contents of the tank, and return to the scale house to obtain a full (gross) weight. The MCMUA Weigh Master shall be advised of the total gallons removed from the tank. The gallons removed, gross weight, and tare weight shall be recorded on the driver's scale slip, and a copy of the slip shall be provided to the MCMUA Weigh Master.

# MORRIS COUNTY MUA

## *Technical Specifications*

The Contractor shall maintain accurate records of all leachate hauling operations, including:

- Scale tickets documenting tare weight, gross weight, and gallons removed
- Hauling logs and schedule tracking
- Vehicle and driver licenses and registrations
- Insurance certificates

All records shall be retained and shall be made available to the MCMUA upon request.

### 1.3 Disposal/Receiving Facility

The Contractor will be required to deliver the leachate to the designated approved facility; Parsippany-Troy Hills Wastewater Treatment Plant. The MCMUA will be financially responsible for maintaining the account at Parsippany-Troy Hills Wastewater Treatment Plant.

All Solids removed during bi-annual cleaning can be disposed of at the MCMUA Transfer Station. The MUA will be responsible for the cost of disposal.

## 2. MINIMUM REQUIREMENTS

### 2.1 Quantities

The Contractor shall make every reasonable effort to remove the maximum amount of leachate from the tank during each pumping event.

### 2.2 Schedule

The primary hauling schedule shall be between the hours of 7:00AM and 3:00PM, Monday through Friday. Additional hauling may be scheduled between the hours of 7:00AM and 11:00AM on Saturdays, or at other times as mutually agreed upon by the MCMUA and the Contractor.

### 2.3 Description of Material

Landfill leachate is classified by the New Jersey Department of Environmental Protection (NJDEP) as a non-hazardous liquid waste, with a specific gravity equivalent to water at approximately 8.34 pounds per gallon. Notwithstanding its non-hazardous classification, the transportation of this liquid waste requires current NJDEP waste hauler vehicle registrations for both the tractor (cab unit) and the tank (trailer unit).

### 2.4 Vehicle and Driver Requirements

# MORRIS COUNTY MUA

## *Technical Specifications*

The Contractor shall provide **one (1) or more** properly licensed and NJDEP-registered tractor–tank trailer combination units, each with a minimum hauling capacity of 5,000 gallons. All combination units shall be properly inspected, maintained, and certified as safe for highway travel at all times.

All drivers shall be employees of the Contractor. The Contractor shall ensure that drivers comply with all applicable requirements of the New Jersey Division of Motor Vehicles and any other applicable federal, state, and local regulations, including licensing, training, safety, and reporting requirements, at all times.

The Contractor shall instruct all drivers utilizing Authority facilities to do so in a manner that prevents damage to Authority property and avoids the need for repairs, and to comply with all facility use requirements.

The Contractor shall be solely responsible for the maintenance and repair of all equipment and vehicles used in the performance of this Contract and shall not use Authority-owned equipment, shop tools, or personnel at any time.

The Contractor must adhere to MCMUA Mount Olive Transfer Station Safety and Operational Rules. The Contractor drivers are to sign the document titled “Mount Olive Transfer Station Safety and Operational Rules” prior to commencement of work.

### 2.5 Call-Out/ Response Time

The Contractor shall provide all necessary Personal Protective Equipment (PPE) for its employees, including but not limited to safety glasses, rubber or vinyl gloves, and any other protective gear required by applicable Federal Motor Carrier Safety Administration (FMCSA) regulations or other applicable federal, state, or local safety requirements.

The Contractor shall respond to requests for leachate removal within **24 hours** of notification by the MCMUA. In the event of an emergency, the Contractor shall respond immediately to prevent tank overflow or other operational disruptions.

The Contractor shall schedule hauling to ensure that the 6,000-gallon leachate tank does not exceed safe operating capacity. The Contractor shall coordinate with the MCMUA Transfer Station Manager to adjust frequency as needed to prevent overflow or operational delays.

### 2.6 Spill Prevention and Emergency Response

The Contractor shall provide all necessary equipment, including absorbent materials and spill kits, to contain and remediate any accidental release of leachate during handling or transport. Any spill or release must be reported immediately to the MCMUA. The

# MORRIS COUNTY MUA

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## *Technical Specifications*

Contractor shall be responsible for all cleanup and regulatory reporting required under local, state, or federal law.

### 2.7 Weather and Site Access Conditions

The Contractor shall be responsible for assessing site conditions and ensuring safe vehicle access to the transfer station. No claims for delay, additional compensation, or schedule adjustment shall be accepted due to weather conditions unless the MCMUA officially closes the site.

### 2.8 Subcontracting Restrictions

The Contractor shall not subcontract any portion of the work without the prior written approval of the MCMUA. Any approved subcontractors shall comply with all terms, conditions, and regulatory requirements applicable to the Contractor, including insurance, licensing, and safety obligations.

### 2.9 Holiday and Emergency Operations

The Contractor shall provide hauling services outside of regular operating hours, including holidays and emergencies, as requested by the MCMUA. Compensation and scheduling for such operations shall be mutually agreed upon in advance.

# MORRIS COUNTY MUA

## *MCMUA Mount Olive Transfer Station Safety and Operational Rules*

The Morris County Municipal Utilities Authority (MCMUA) are required to adhere to all Federal, State, and Local regulations and to provide a safe, healthy, and sanitary workplace. Each of us has the responsibility to make the safety of our coworkers, our customers, and the general public a primary concern. This objective is fundamental to the company and our employees' wellbeing, as well as the efficient operation of our business. Therefore, it becomes imperative that all persons entering the MCMUA Transfer Station in Mount Olive Township know, understand, and abide by these safety rules. This listing is not intended to be all-inclusive.

1. Hardhat, high visibility clothes/reflective safety vests, safety shoes, and eye protection are to be worn when outside the vehicle.
2. All vehicles must comply with the posted traffic signs, with special attention to the posted speed limit of **5 MPH** and **DO NOT ENTER** signs.
3. Do not pass moving vehicles.
4. Report **ALL** injuries and/or accidents to the Traffic Coordinator or at the Scale House immediately.
5. Report **ALL** fuel/oil leaks or spills to the Traffic Coordinator or at the Scale House immediately.
6. Riding on the outside of the vehicle or standing on the vehicle's rear hopper step is forbidden when vehicle is moving/driving onsite.
7. Drivers are not to use cell phones or two-way radios while driving or operating machinery. This is prohibited on the MCMUA Transfer Stations' property, especially during a backing maneuver.
8. Listening devices i.e. ear buds, earphones, blue tooth devices are not to be worn while on site.
9. Smoking and/or Vaping is prohibited while outside your vehicle, especially on the tipping floor, loading bays and on tarp rack.
10. Firearms, and/or weapons of any type are not allowed on the MCMUA County property for any reason.
11. The use of intoxicating beverages (alcohol) or any other restricted substances on MCMUA County property is strictly prohibited. Any drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.
12. All commercial solid waste vehicles entering the facilities shall be equipped with external audible back-up alarms. A minimum 85 dBA alarm must sound whenever the machine is in reverse.
13. Blind side backing is not to be attempted without guidance.
14. The backs of packer trucks and roll-off containers must be opened and closed on the tipping floor only.
15. "Jake Brakes" may not be used on site at any time.
16. Photography/videography is prohibited unless there is written permission from the MCMUA Facility Manager.
17. All visitors must sign in and check in at the Scale House and/or Transfer Station Main Office.
18. Upon entering the MCMUA Transfer Stations all collection vehicles/Customers must yield to any transfer trailer traffic. Heavy equipment operators/yard trucks have the right-of-way throughout the facility.
19. Loads must be tarped prior to entering the facilities. All tarps are to be removed in designated tarp removal areas only, prior to entering the tipping floors. Under no circumstances are tarps to be removed before entering the facility.
20. Heavy Equipment Operators have the right-of-way on the tipping floor. All vehicles are to yield to operating machinery, Transfer Station trucks, and all pedestrians.
21. All vehicles must come to a full stop before proceeding onto the inbound and outbound truck scales.

22. Customers preparing to enter the tipping floor must STOP and wait at stop the sign in the queuing area for Traffic Coordinators direction.
23. Drivers preparing to enter tipping areas must await directions from the Traffic Coordinator and/or Heavy Equipment Operator. All drivers need to maintain eye contact with operating personnel.
24. Passengers and helpers must remain in the cab of the vehicle. Drivers must stay within six (6) feet of their vehicle when outside of their vehicle. When outside of vehicle, please keep clear of tipping area bay door (s) as loader(s)/operator(s) will be in motion.
25. Residential customers can have up to two (2) additional individuals helping unload their vehicle, all wearing appropriate PPE. No children and No pets are allowed on the tipping floor at any time.
26. A minimum distance of ten (10) feet must be maintained between all personnel, trucks, rolling stock, and heavy equipment within the facilities.
27. Conforming safety chains must be used to hold open roll-off container doors while unloading. Use of rubber bungee cords, wires, ropes, etc. will not be permitted.
28. While dumping the load, stay clear of the back of the vehicle. Never stand under an open tailgate or raised hopper.
29. Cleaning out from behind the blade of a vehicle (truck cleanouts) must be done in designated clean out areas separate from the work zone and approved by Traffic Coordinator.
30. Tailgates, bodies, and hoists should be lowered before exiting the building to ensure compliance with NJDEP Permits. Equipment should not be moved around with tailgates, doors, hoists, or bodies open or in the extended position. All open top trucks must be completely empty before exiting the tipping floor doors.
31. Violence, threatening behaviors, horseplay, scavenging of the loads is **strictly forbidden**.
32. Any customers that need to enter the tipping area on foot, must notify the Traffic Coordinator. Once all movement of equipment and vehicles are stopped, entry can be performed under direction of the Traffic Coordinator. Movement cannot resume until the person(s) on foot has communicated to the Traffic Coordinator and the customer has left the area.

**THANK YOU FOR YOUR COOPERATION**

**Please review with your employees who have access to the MCMUA Transfer Station. Please sign this form below and return to the MCMUA confirming that they have received, have read, understand, and will abide by these Safety and Operational Rules:**

  
\_\_\_\_\_  
SIGNATURE

Michael Coppola, CEO  
\_\_\_\_\_  
PRINT NAME

Coppola Services, Inc. DBA NVIRO Serve  
\_\_\_\_\_  
COMPANY NAME and ACCOUNT #



# MORRIS COUNTY MUA

## *New Jersey DEP Regulatory Requirements*

### **1.0 INTRODUCTION**

The transportation of leachate within the State of New Jersey is subject to regulation by the New Jersey Department of Environmental Protection (NJDEP) under the Solid Waste Management Act, N.J.S.A. 13:1E-1 et seq., and the corresponding administrative regulations codified at N.J.A.C. 7:26. Leachate generated at solid waste facilities is classified as a non-hazardous liquid waste by the NJDEP. Notwithstanding its non-hazardous classification, all contractors engaged in the collection, transportation, and disposal of leachate must comply with the following regulatory requirements.

### **2.0 WASTE HAULER REGISTRATION**

#### **2.1 Registration Statement (N.J.A.C. 7:26-3.2)**

No person shall engage or continue to engage in the collection or transportation of solid waste, including leachate, in the State of New Jersey without first obtaining an approved registration statement from the NJDEP. The registration period is biennial, running from July 1 through June 30 of each odd-numbered year, unless otherwise established by the Department.

#### **2.2 A-901 License Requirements**

Commercial haulers transporting waste generated by others (such as leachate generated at MCMUA facilities) must be licensed under the A-901 licensing program and obtain an A-901 Licensed Solid Waste Decal from the NJDEP. The Contractor must also possess a valid Certificate of Public Convenience and Necessity issued pursuant to N.J.S.A. 48:13A-1 et seq.

#### **2.3 Vehicle Registration and Decals (N.J.A.C. 7:26-3.5)**

All vehicles used in the collection or transportation of leachate must comply with the following:

- Each vehicle (both tractor/cab unit and tank/trailer unit) must possess a current, valid NJDEP solid waste vehicle registration.
- A current State of New Jersey solid waste decal must be permanently affixed to the driver's side of each solid waste vehicle prior to transport.
- The NJDEP registration number and the name of the registered company must be properly, permanently, and conspicuously displayed on the vehicle in letters and numbers at least three (3) inches in height.
- Use of decaled vehicles by unauthorized parties for the transportation of solid waste constitutes unlicensed hauling and subjects the party to penalties and debarment from involvement in the solid and hazardous waste and recycling industry in the State of New Jersey.

# MORRIS COUNTY MUA

## *New Jersey DEP Regulatory Requirements*

### **3.0 GENERAL TRANSPORTATION REQUIREMENTS (N.J.A.C. 7:26-3.4)**

The Contractor shall comply with all general transportation requirements as set forth in N.J.A.C. 7:26-3.4, including but not limited to:

- All collected leachate must be properly deposited at an approved facility in accordance with N.J.A.C. 7:26-1 and 7:26-2. Leachate shall be deposited at a facility only to the extent the materials in a load are waste types permitted for acceptance at that facility.
- No solid waste or leachate shall be allowed to remain or be stored in any solid waste transport units in excess of twenty-four (24) hours, unless an emergency warrants.
- No solid waste vehicle shall be used for transportation if the design is such that any solid waste material, including leachate, will spill, leak, or cause emissions therefrom.
- All solid waste transporters must haul waste in accordance with the Solid Waste Management Plan developed by the county or district of waste origin pursuant to N.J.A.C. 7:26-6.
- Transport vehicles must be maintained in a clean and sanitary condition and must be properly covered, enclosed, or sealed during transport to prevent spillage or release of leachate.

### **4.0 LEACHATE-SPECIFIC REQUIREMENTS**

#### **4.1 Classification and Handling**

Landfill leachate is classified by the NJDEP as a non-hazardous liquid waste, with a specific gravity equivalent to water at approximately 8.34 pounds per gallon. The transportation of this liquid waste requires current NJDEP waste hauler vehicle registrations for both the tractor (cab unit) and the tank (trailer unit). The Contractor must ensure that all leachate is contained and transported in a manner that prevents any release to the environment.

#### **4.2 Discharge Prohibition (N.J.A.C. 7:26-2A.8)**

Leachate shall not be allowed to drain or discharge into surface water or groundwater except as permitted pursuant to the New Jersey Pollutant Discharge Elimination System (NJPDES) and Water Quality Standards at N.J.A.C. 7:9-6. Any spill or release during transport must be reported immediately and remediated in accordance with applicable federal, state, and local regulations.

#### **4.3 Disposal Facility Requirements**

Leachate must be delivered to a facility that holds a valid NJPDES permit or other applicable NJDEP authorization to receive and treat leachate. The Contractor shall provide documentation of the receiving facility's permit status to the MCMUA prior to commencement of services.

### **5.0 DRIVER AND SAFETY REQUIREMENTS**

In addition to all NJDEP requirements, the Contractor shall ensure compliance with the following:

# MORRIS COUNTY MUA

## *New Jersey DEP Regulatory Requirements*

- All drivers must possess a valid Commercial Driver's License (CDL) with appropriate endorsements for the transport of liquid waste, as required by the New Jersey Division of Motor Vehicles.
- Drivers must comply with all applicable Federal Motor Carrier Safety Administration (FMCSA) regulations, including hours-of-service requirements, vehicle inspection requirements, and hazardous materials transportation rules where applicable.
- The Contractor shall provide all necessary Personal Protective Equipment (PPE) for its employees, including but not limited to safety glasses, rubber or vinyl gloves, and any other protective gear required by applicable safety regulations.
- The Contractor shall maintain a Spill Prevention and Response Plan and provide all necessary equipment, including absorbent materials and spill kits, to contain and remediate any accidental release of leachate during handling or transport.

### **6.0 RECORDKEEPING AND REPORTING**

The Contractor shall maintain complete and accurate records of all leachate hauling operations as required by N.J.A.C. 7:26-3 and N.J.A.C. 7:26-2, including manifests, scale tickets, hauling logs, vehicle registrations, driver licenses, and insurance certificates. All records shall be retained for the duration of the Contract and for a minimum of five (5) years thereafter, and shall be made available to the MCMUA and/or the NJDEP upon request.

### **7.0 SUMMARY OF APPLICABLE STATUTES AND REGULATIONS**

The following statutes and regulations are applicable to the transportation and disposal of leachate in the State of New Jersey. The Contractor is responsible for compliance with all applicable laws, whether or not specifically listed herein:

- N.J.S.A. 13:1E-1 et seq. – Solid Waste Management Act
- N.J.S.A. 48:13A-1 et seq. – Regulation of Solid Waste Collection and Disposal
- N.J.A.C. 7:26-1 – General Provisions (Solid Waste Regulations)
- N.J.A.C. 7:26-2 – Disposal Requirements
- N.J.A.C. 7:26-2A – Sanitary Landfill Operational Requirements
- N.J.A.C. 7:26-3 – Transportation of Solid Waste
- N.J.A.C. 7:26-6 – Interdistrict and Intradistrict Solid Waste Flow
- N.J.A.C. 7:26G – Supplemental Solid Waste Regulations
- N.J.A.C. 7:26H – Solid Waste Utility Regulations
- N.J.A.C. 7:9-6 – Water Quality Standards
- N.J.A.C. 7:14A – New Jersey Pollutant Discharge Elimination System (NJPDDES)
- Federal Motor Carrier Safety Regulations, 49 CFR Parts 382-399

# MORRIS COUNTY MUA

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## *New Jersey DEP Regulatory Requirements*

**NOTE:** This document is provided as a summary of key NJDEP regulatory requirements applicable to the hauling of leachate within the State of New Jersey. It is not intended to be an exhaustive listing of all applicable requirements. The Contractor is solely responsible for identifying and complying with all applicable federal, state, and local laws, regulations, permits, and approvals necessary for the performance of the work described in this bid. Failure to comply with any applicable regulation may result in termination of the Contract and/or referral to the NJDEP for enforcement action.

# MORRIS COUNTY MUA

## *General Information*

### Headings

The captions and headings in this Contract are for convenience and ease of reference only and in no way define, limit or describe the scope or intent of this Contract and such headings do not in any way constitute a part of this Contract.

### Perspective Bidders General Description

This Request for Bids solicits proposals from qualified vendors to provide Leachate Collection and Disposal

### Locations

Mount Olive Transfer Station is located at 168 Gold Mine Rd. Flanders, NJ 07836

### Notices

Any notice or other communication which is required to be given hereunder shall be in writing and shall be deemed to have been validly given if facsimiled to the telephone number set forth below, delivered in person or mailed by certified or registered mail, postage prepaid, addressed as follows:

<u>If to Authority:</u>	The Morris County Municipal Utilities Authority
By mail and/or by hand:	370 Richard Mine Rd. Wharton, NJ 07885 Attention: James Deacon

If such notice is sent by facsimile or similar transmission, the original executed copy of such notice shall be mailed or delivered as provided above.

Changes in the respective addresses to which such notices may be directed may be made from time to time by any party by written notice to the other party.

The MCMUA reserves the right to reject any and all proposals that substantially or materially deviate from the specifications and other required documents, and further reserves the right to waive minor irregularities and immaterial variances and formalities in the proposals in accordance with applicable law.

# MORRIS COUNTY MUA

## *Administrative Documents*

- A. Failure to submit the following documents at the time of bid opening is a MANDATORY cause for rejection of the bid in accordance with N.J.S.A. 40A:11-23.2.

Owner's Checkmarks		Bidder's Initials
X	Bid Security by way of a certified check, cashier's check, or bid bond	MC
X	Consent of Surety	MC
X	Statement of Ownership Disclosure	MC
X	Acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or bid document(s)	MC
X	Subcontractor Utilization Form	MC
X	Non-Collusion Affidavit	MC

- B. Failure to submit the following documents at the time of bid opening may be cause for rejection of the bid.

Owner's Checkmarks		Bidder's Initials
X	Administrative Documents Acknowledgement	MC
X	Price Proposal Table	MC
X	Price Proposal Signature Form	MC
X	Questionnaire	MC
X	Affirmative Action Compliance Notice	MC
X	Mandatory EEO Language	MC
X	Certificate of Employee Information Report/AA-302	MC
X	Americans with Disability Act of 1990	MC
X	Pay to Play Advisory Notice	MC
X	W-9	MC
X	N.J Anti-Discrimination Form	MC
X	Bidder's Agreement to Provide Equipment and Vehicles	MC

# MORRIS COUNTY MUA

## *Administrative Documents*

Owner's Checkmarks		Bidder's Initials
X	Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles	MC
X	Equipment and Vehicle Certification Form	MC
X	Corporate Acknowledgement	MC
X	Acknowledgement of Contractor, if Bidder is a Partnership	N/A
X	Acknowledgement of Contractor, if Bidder is an Individual	N/A
X	Acknowledgement of Contractor, LLC	N/A
X	Certified Copy of Resolution of Board of Directors, if Bidder is a Corporation	MC
X	Copy of Certificate of Public Convenience and Necessity	MC
X	Copy of all A-901 Licenses	MC
X	Affidavit of Non-Debarred Status	MC
X	Bid Security Statement	MC
X	Surety Acknowledgement	MC
X	Surety Disclosure Statement & Certificate	MC

C. The following documents are to be submitted prior to contract award.

Owner's Checkmarks		Bidder's Initials
X	New Jersey Business Registration Certificate	MC
X	Mount Olive Transfer Station Safety and Operational Rules	MC
X	Disclosure of Investment Activities in Iran	MC
X	Certification of Non-Involvement in Prohibited Activities in Russia & Belarus	MC
X	Performance Bond & Payment	MC
X	Certificate of Insurance	MC

D. The undersigned hereby acknowledges and has submitted the above required documents.

# MORRIS COUNTY MUA

## *Administrative Documents*

**Business Name:** Coppola Services, Inc. DBA NVIRO Serve

**Representative's Name:** Michael Coppola, CEO

**Representative's Signature:**



**Date:** April 24, 2026

**Phone:** 973-962-1890



# MORRIS COUNTY MUA

## *Acknowledgement of Receipt of Addenda*

Pursuant to the NJSA 40A:11-23.1a, the undersigned Bidder hereby acknowledges receipt of the following notices, revisions or addenda to the Bid Advertisement, Bid Specifications or Bid Documents. By indicating date of receipt, Bidder acknowledges the submitted Bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of proper notice to Bidders, per NJSA 40A:11-23(c), shall take precedence and Bidder's failure to acknowledge receipt of addenda shall result in rejection of Bid.

<b>Title of Addendum/Revision</b>	<b>Received Via (email, fax, etc.)</b>	<b>Date Received</b>
Questions and Answers	Email	4/14/2026

No Addenda Issued Initials \_\_\_\_\_

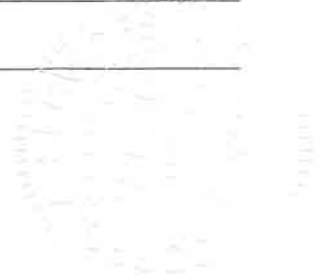
### ACKNOWLEDGEMENT OF BIDDER

**Name of Bidder:** Coppola Services, Inc. DBA NVIRO Serve \_\_\_\_\_

**Bidder's Signature:**  \_\_\_\_\_

**Printed Name & Title:** Michael Coppola, CEO \_\_\_\_\_

**Date:** April 24, 2026 \_\_\_\_\_



# MORRIS COUNTY MUA

## *Mandatory EEO Language*

### EXHIBIT A

#### MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27 et seq.

#### **GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it

# MORRIS COUNTY MUA

## Mandatory EEO Language

will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions. The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

**Letter of Federal Affirmative Action Plan Approval;**

**Certificate of Employee Information Report; or**

**Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: [http://www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance).**

**[www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance).**

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq

**Business Name:** Coppola Services, Inc. DBA NVIRO Serve

**Representative's Name (print):** Michael Coppola, CEO

**Representative's Signature:**



**Date:** April 24, 2026

# MORRIS COUNTY MUA

## *Affirmative Action Compliance Notice*

### EXHIBIT A

#### **GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS**

This form is a summary of the successful vendor's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

The respondent shall submit to the public agency, one of the following three documents as forms of evidence:

1. Letter of Federal Affirmative Action Plan Approval
2. Certificate of Employee Information Report
3. A photocopy of an Employee Information Report (AA302) provided by the Division and distributed to the public agency to be completed by the vendor in accordance with N.J.A.C. 17:27-4.

The vendor must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor further understands that his/her proposal shall be rejected as non-responsive if said vendor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.

**Business Name:** Coppola Services, Inc. DBA NVIRO Serve

**Representative's Name (print):** Michael Coppola, CEO

**Representative's Signature:**



**Date:** April 24, 2026

# MORRIS COUNTY MUA

## *Affirmative Action Evidence*

### Sample Federal Letter of Approval

Attachment 5

U.S. Department of Labor

Employment Standards Administration  
Office of Federal Control Compliance Programs  
Newark Area Office  
124 Evergreen Place, Fourth Floor  
East Orange, NJ 07108



February 27, 20\_

Dear

Our recent compliance review of your establishment's equal employment opportunity policies and practices was completed on February 27, 20\_.

We found no apparent deficiencies or violations of Executive Order 11266, as amended, Section 503 of the Rehabilitation Act of 1973 or 38 USC 2012 (the Vietnam Era Veterans Readjustment Assistance Act). Accordingly, your establishment is deemed to be in compliance with these laws based on the material reviewed.

The Office of Federal Contract Compliance Programs sincerely appreciates the cooperation and courtesies extended by you and your staff during the conduct of the compliance review.

Sincerely,

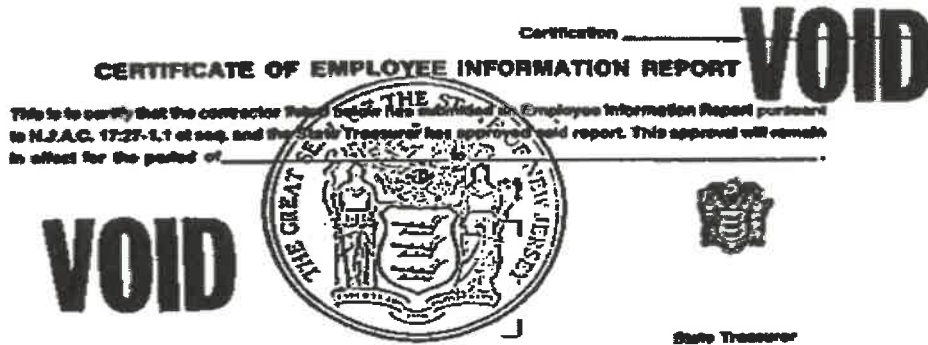
Area Office Director.

# MORRIS COUNTY MUA

## *Affirmative Action Evidence*

Attachment # 6

### SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT



# MORRIS COUNTY MUA

## Affirmative Action Evidence

Attachment 7

Form AA302  
Rev. 11/11

**STATE OF NEW JERSEY**  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

**IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: <http://www.state.nj.us/division/purchase/contract-compliance/audit/aa302rev.pdf>**

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTIPLE ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		ZIP CODE
10. PUBLIC AGENCY AWARDED CONTRACT		
CITY COUNTY STATE ZIP CODE		
Official Use Only	DATE RECEIVED	NAUG. DATE ASSIGNED CERTIFICATION NUMBER

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL. 1 TOTAL (Cols 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	MALE					FEMALE					
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	
Officials/Managers														
Professionals														
Technicians														
Sales Workers														
Office & Clerical														
Craftworkers (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL														
Total employment From previous Report (if any)														
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.													

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From: To:		

**SECTION C - SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO DAY YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE ZIP CODE PHONE (AREA CODE, NO., EXTENSION)

# MORRIS COUNTY MUA

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## *Employee Information Report Instructions – Form AA302*

**If you have a current Certificate of Employee Information Report, please submit with your Bid Proposal.**

For forms or more information: [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)

# MORRIS COUNTY MUA

## *Bidder's Agreement to Provide Equipment and Vehicles*

### **AGREEMENT TO PROVIDE EQUIPMENT AND VEHICLES CONTINGENT UPON AWARD OF CONTRACT FOR LEACHATE COLLECTION AND DISPOSAL**

Coppola Services, Inc. DBA NVIRO Serve (Bidder) hereby agrees to provide and commit, contingent upon the award of the Contract for Leachate Collection and Disposal (the "Contract"), that equipment and those vehicles listed in the EQUIPMENT AND VEHICLE CERTIFICATION included in the Bid Documents and any such other equipment and/or vehicle(s) reasonably calculated to ensure safe, adequate and proper service, for use in connection with the Contract, during the entire Term of the Contract.

Dated April 24, 2026

By 

Name Michael Coppola

Title CEO





# MORRIS COUNTY MUA

## *Equipment and Vehicle Certification*

### **INSTRUCTIONS FOR COMPLETING THE EQUIPMENT AND VEHICLE CERTIFICATION**

If the Bidder owns, leases or controls all the necessary equipment and vehicles required, Bidder shall complete Part 1A together with the Bidder's Agreement to Provide Equipment and Vehicles included in the Bid Documents. If the Bidder owns, leases or controls a portion of the necessary equipment and vehicles required, Bidder shall complete Part 1B together with the Bidder's Agreement to Provide Equipment and Vehicles included in the Bid Documents and Bidder shall have Part 2 completed together with the Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles included in the Bid Documents for the remaining portion of the necessary equipment and vehicles required to accomplish the Work in the Bid Documents. Should the Bidder not own, lease or control the necessary equipment and vehicles required, Bidder shall have Part 2 completed together with the Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles included in the Bid Documents. This Equipment and Vehicle Certification shall be attached to and submitted with the Bid.

#### **Part 1A**

This is to certify that I, the Bidder signing the attached Bid, own, lease or control all the necessary equipment and solid waste vehicles required and list below to accomplish the Work described in the Bid Documents.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

April 24, 2026

Date



Signature of Bidder

Michael Coppola, CEO

#### **Part 1B**

This is to certify that I, the Bidder signing the attached Bid, own, lease or control a portion of the necessary equipment and solid waste vehicles required and list below to accomplish the Work described in the Bid Documents. I certify that the remaining necessary equipment required to accomplish the Work described in the Bid Documents are set forth in Part II.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

N/A

Date

Signature of Bidder

# MORRIS COUNTY MUA

## *Equipment and Vehicle Certification*

### Part 2

N/A

This is to certify that I, the undersigned, own or control the equipment and vehicles required and listed below, and definitely grant or will grant the Bidder named below the control of said equipment and vehicles during such time as may be required for that portion of the Work described in the Bid Documents for which said equipment and vehicles are necessary.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
N/A  
Signature of Third Party Owner

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Business Address of Above

# MORRIS COUNTY MUA

## *Equipment and Vehicle Certification*

### **List of Equipment and Vehicles**

(Attachment to Equipment and Vehicle Certification)

VIN	LICENSE PLATE	DECAL #'S	MAKE	MODEL
See attached sheets				

**Bidder to attach copies of CPCN and all A-901 Licenses**

Equipment & Vehicle Certification

VIN	STATE	LICENSE PLATE	DECAL #S	MAKE	MODEL	Gross Vehicle Weight	Volume (Gallons)
1M2AM08C02M006296	NJ	AG796G		2002 Mack - VAC Truck	RB688S	62000	2500
1M2AG11C65M037449	NJ	AJ207N		2005 Mack - VAC Truck	CV713	62000	4000
1M2AG11C25M037450	NJ	AJ206N		2005 Mack - VAC Truck	CV713	62000	4000
1M2AG11C97M051641	NJ	AT777W		2007 Mack - VAC Truck	CV713	80000	4000
1M2AX04C3CM013676	NJ	AN639S		2012 Mack - VAC Truck	GU713	64000	4000
1M2AX04C9EM020893	NJ	AP193Z		2014 Mack - VAC Truck	GU713	64000	4000
1M2GR4GC4NM025586	NJ	AX129G		2022 Mack - VAC Truck	GR64F	64000	4000
1M2GR4GC6NM025587	NJ	AX130G		2023 Mack - VAC Truck	GR64F	64000	4000
1M2GR4GC9PM03277	NJ	AX181Z		2023 Mack - VAC Truck	GR64F	66000	4000
1M2GR4GC0PM032778	NJ	AX914Y		2023 Mack - VAC Truck	GR6	66000	4000
1M2GR4GCIRM042917	NJ	AY448U		2024 Mack - VAC Truck	GR64	64000	4000
1M2GR4GCXSM048382	NJ	AZ178R		2025 Mack - VAC Truck	GR64F	66000	4000
1M2AD64C96M002052	NJ	AR255G		2006 Mack Vactor	C733	80000	2400
1M1AG10Y86M053445	NJ	F900AA	SWL-27-015823	2006 Mack Tractor	CV713	80000	0
1M1AN07Y6JM027098	NJ	ATB20U	SWL-27-015825	2018 Mack Tractor	CHU613	80000	0
1M1PN4GY8MM008199	NJ	AW312S	SWL-27-015829	2021 Mack Tractor	Pl6	80000	0
1M1PN4GY4PM012089	NJ	AX512W	SWL-27-015834	2023 Mack Tractor	Pl6	80000	0
1M1PN4GY4PM012187	IN	AY704B	SWL-27-015837	2023 Mack Tractor	Pl6	80000	0
3AKJHLDV4NSMS8385	IN	3123359		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDVXNSMS8634	IN	3194199		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV0NSMS9047	IN	3653233		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV2NSMS8546	IN	3120989		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV6NSMS8596	IN	3126105		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV7NSMV8304	IN	3544697		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV4NSMS9066	IN	362557		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV5NSMS8654	IN	3123515		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV7NSNL9030	IN	3188515		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV2NSNF2621	IN	3127645		2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV5RSUW2597	IN	353841	SWL-27-000098	2022 FTL Penske Lease	Cascadia	80000	0
3AKJHLDV1RSUW2600	IN	3538343	SWL-27-000099	2024 Freightliner Ryder	Cascadia	80000	0
3AKJHLDV8RSUW2609	IN	3538172	SWL-27-020346	2024 Freightliner Ryder	Cascadia	80000	0
3AKJHLDV6RSUW2608	IN	3538344	SWL-27-020347	2024 Freightliner Ryder	Cascadia	80000	0
3AKJHLDV2RSUW7689	IN	3499049	SWL-27-025496	2024 Freightliner Ryder	Cascadia	80000	0
3AKJHLDV2RSUW7563	CT	74869A	SWL-27-025497	2024 Freightliner Ryder	PT126DC	80000	0
3AKJHLDV3RSUW7636	IN	3500066	SWL-27-026541	2024 Freightliner Ryder	Cascadia	80000	0
3AKJHLDV0RSUW7258	IN	3972478	SWL-27-026542	2024 Freightliner Ryder	Cascadia	80000	0
1A911412331005012	NJ	TWX95L	SWL-27-015815	2003 Acro VAC Trailer	ACRO	0	7500
1A911422881005058	NJ	TWB57R	SWL-27-015818	2008 Acro VAC Trailer	ACRO	0	7500
1A9114226H1005026	NJ	TSZ54P	SWL-27-015824	2017 Acro VAC Trailer	ACRO	0	7000
1P94A4120NA695044	NJ	TZR40N	SWL-27-015838	2022 PIK RITE VTR	PIK RITE	0	7000
1P94A4122NA695045	NJ	TZR39N	SWL-27-015839	2023 PIK RITE VTR	PIK RITE	0	7000
3E9H342H7LT034013	NJ	L97TBP	SWL-27-015855	2020 EXA 150	EXA	0	6300
3F9R4TM23LM001794	NJ	M10TBP	SWL-27-015853	2020 RETESA	150 BBL	0	6300
3F9R4TM2XLM001792	NJ	L93TBP	SWL-27-015854	2020 RETESA	150 BBL	0	6300

3R9R4TM25LM001795	NJ	L94TBP	SWL-27-015852	2020 RETESA	150 BBL	0	6300
3R9R4TM29LM001797	NJ	L96TBP	SWL-27-015856	2020 RETESA	150 BBL	0	6300
3R9R4TM27LM001796	NJ	L95TBP		2020 RETESA	150 BBL	0	6300
1T9TA4228FR719060	NJ	X45TBU	SWL-27-015858	2015 Troxell AL V	150 BBL AL V	0	6300
1UNST422IS151451	NJ	X48TBU	SWL-27-015857	2018 Dragon 150BBL	150 BBL	0	6300
1T9TA422XFR719061	NJ	X52TBU	SWL-27-015860	2015 Troxell	Troxell	0	6300
1T9TA422XER719320	NJ	X50TBU	SWL-27-015861	2014 Troxell ALU	ALU	0	6300
1T9TA4221GR719158	NJ	X53TBU	SWL-27-015859	2016 Troxell FR	FR	0	6300
1P9A4124RA695103	NJ	R66TBT	SWL-27-015862	2024 PIKRITE VAC-TRAILER	VTR	78000	7000
SAKHLDV2RSUW7689	NJ	X67TCA	SWL-27-015864	2019 Stout Trailer	150 BBL	0	6300
4S9V6TA2XHC347009	NJ	X66TCA	SWL-27-015863	2017 Stout Trailer	150 BBL	0	6300
1UNST4838DS100801	NJ	D10TCB	SWL-27-020348	2013 Dragon 165 BBL	165 BBL	0	7000
1UNST483XES128701	NJ	D11TCB	SWL-27-020349	2014 Dragon 165 BBL	165 BBL	0	7000

# MORRIS COUNTY MUA

## *Americans with Disabilities Act of 1990*

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C. S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

**MORRIS COUNTY MUA**

*Americans with Disabilities Act of 1990*

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

**Business Name (Print):** Coppola Services, Inc. DBA NVIRO Serve

**Representative's Name (Print):** Michael Coppola

**Representative's Title:** CEO

**Representative's Signature:** 

**Phone:** 973-962-1890                      **Date:** April 24, 2026



# MORRIS COUNTY MUA

## *New Jersey Anti-Discrimination*

Pursuant to N.J.S.A. 10:2-1:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

**Business Name (Print):** Coppola Services, Inc. DBA NVIRO Serve

**Representative's Name (Print):** Michael Coppola

**Representative's Title:** CEO

**Representative's Signature:** 

**Phone:** 973-962-1890

**Date:** April 24, 2026

**STATEMENT OF OWNERSHIP DISCLOSURE**

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

**Name of Organization:** Coppola Services, Inc. DBA NVIRO Serve

**Organization Address:** 28 Executive Parkway, Ringwood NJ 07456

**Part I** Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type)     Limited Liability Company (LLC)
- Partnership     Limited Partnership     Limited Liability Partnership (LLP)
- Other (be specific): \_\_\_\_\_

**Part II**

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address
CF 2021 Trust	30 Rocky Point Road, Hewitt NJ 07421
Michael Coppola Jeffrey Coppola	940 Westbrook Road, West Milford NJ 07480 18 Weldon Way, Warwick NY 10990
MRC 2021 Trust	30 Rocky Point Road, Hewitt NJ 07421
JAC 2021 Trust	30 Rocky Point Road, Hewitt NJ 07421

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II**

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**


Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s
N/A	

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above.** The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address
CF 2021 Trust	Ralph Coppola, Grantor 30 Rocky Point Road, Hewitt NJ 07421
MRC 2021 Trust	Mary Coppola, Grantor 30 Rocky Point Road, Hewitt NJ 07421
JAC 2021 Trust	Mary Coppola, Grantor 30 Rocky Point Road, Hewitt NJ 07421

**Part IV Certification**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **Morris County Municipal Utilities Authority** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **Morris County Municipal Utilities Authority** to notify the **Morris County Municipal Utilities Authority** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **Morris County Municipal Utilities Authority** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Michael Coppola	Title:	CEO
Signature:		Date:	April 24, 2026

# MORRIS COUNTY MUA

## Corporate Acknowledgement

STATE OF New Jersey )  
 ) SS:  
COUNTY OF Bergen )

On this 24 day of April in the year 20 26 , before me personally came  
and appeared Michael Coppola

to me known, who, being by me duly sworn, did depose and say, that he resides at  
940 Westbrook Road, West Milford NJ 07480

That he is the CEO  
(principle executive officer or duly authorized representative)

of Coppola Services, Inc. DBA NVIRO Serve

the Corporation described in and which executed the foregoing instrument; that he knows the seal of said Corporation; that one of the impressions affixed to said instrument in an impression of such seal, that it was so affixed by order of the Board of Directors of said Corporation, and he signed his name thereto by like order.

(Seal)

Michael Bussinelli  
Notary Public

Bergen County, New Jersey  
County, State

MICHAEL BUSSINELLI  
Notary Public, State of New Jersey  
Comm. # 50244019  
My Commission Expires 03/26/2031





**MORRIS COUNTY MUA**

*Acknowledgement of Contractor, if a Limited Liability Company*

N/A

N/A

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally came  
and appeared \_\_\_\_\_

to me known, who, being by me duly sworn, did depose and say, that he is the:

\_\_\_\_\_ of the  
*(Managing Member of LLC or duly authorized representative)*

firm of: \_\_\_\_\_

described in and which executed the foregoing instrument by and with the consent of all partners and he  
acknowledged to me that he executed the same as and for the act and deed of said firm.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, State

**MORRIS COUNTY MUA**

*Certified Copy of Resolution of Board of Directors*

Coppola Services, Inc. DBA NVIRO Serve  
(Name of Corporation)


RESOLVED that Michael Coppola, CEO  
(Person Authorized to Sign) (Title)

of Coppola Services, Inc. DBA NVIRO Serve be authorized to sign and submit the Bid of this  
(Name of Corporation)

Corporation for the following project:

*Leachate Collection and Disposal*

The foregoing is a true and correct copy of the Resolution adopted by  
Coppola Services, Inc. DBA NVIRO Serve at a meeting of its Board of Directors  
held on the 23rd day of April, 2026.

By Michael Coppola   
Title CEO

(SEAL)

*This form must be completed if the Bidder is a Corporation.*

# MORRIS COUNTY MUA

## *New Jersey Business Registration Certification*

Pursuant to N.J.S.A. 52:32-44, the Morris County Municipal Utilities Authority is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Morris County Municipal Utilities Authority with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the bidder, who in turn, shall provide it to the Morris County Municipal Utilities Authority prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

- (1) the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
- (2) the contractor shall maintain and submit to the Morris County Municipal Utilities Authority a list of subcontractors and their addresses that may be updated from time to time.
- (3) the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Taxation at (609)292-6400. Form NJ-REG can be filed online at <http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

Before final payment is made under the contract, the contractor shall submit to the Morris County Municipal Utilities Authority a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

# MORRIS COUNTY MUA

## State of New Jersey Business Registration Certificate

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252	
TAXPAYER NAME:	TAX REGISTRATION TEST ACCOUNT	TRADE NAME:	CLIENT REGISTRATION
TAXPAYER IDENTIFICATION#:	970-097-3821500	SEQUENCE NUMBER:	0107230
ADDRESS:	847 ROEBLING AVE TRENTON NJ 08611	ISSUANCE DATE:	02/14/04
EFFECTIVE DATE:	01/01/01	<i>John S. Tully</i> Acting Director	
FORSLER(C)08/01	This Certificate is NOT assignable or transferrable. It must be conspicuously displayed at above address.		



### STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** TAX REG TEST ACCOUNT

**Trade Name:**

**Address:** 847 ROEBLING AVE  
TRENTON, NJ 08611

**Certificate Number:** 1093907

**Date of Issuance:** October 14, 2004

**For Office Use Only:**

2004E014112823533

# MORRIS COUNTY MUA

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## *Pay to Play Advisory*

### **PAY TO PLAY ADVISORY** **Disclosure Requirement** **(N.J.S.A. 19:44A – 20.27)**

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at [www.elec.state.nj.us](http://www.elec.state.nj.us).

If you have any questions please contact ELEC at:  
1-888-313-ELEC (toll free in NJ) or  
609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials

  
Michael Coppola, CEO

# MORRIS COUNTY MUA

## Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

Pursuant to N.J.S.A. 52:32-60.1, et seq. and N.J.S.A.40A:11-2.2 (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a local contracting unit subject to the Local Public Contracts Law for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify

(Check the Appropriate Box)

- A. That the Vendor is not identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.](#)
- OR**
- B. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.](#)
- OR**
- C. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list](#). However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

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(Attach Additional Sheets If Necessary.)

  
Signature of Vendor's Authorized Representative

Michael Coppola, CEO  
Print Name and Title of Vendor's Authorized Representative

Coppola Services, Inc. DBA NVIRO Serve  
Vendor's Name

28 Executive Parkway,  
Vendor's Address (Street Address)

Ringwood NJ 07456  
Vendor's Address (City/State/Zip Code)

April 24, 2026  
Date

13-3328023  
Vendor's FEIN

973-962-1890  
Vendor's Phone Number

973-962-9112  
Vendor's Fax Number

lballestero@nviroserve.com  
Vendor's Email Address

<sup>i</sup> Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

# MORRIS COUNTY MUA

## *Disclosure of Investment Activities in Iran*

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

**I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed for which I am authorized to bid/renew:**

Bidder/Offeror: Coppola Services, Inc. DBA NVIRO Serve

- is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

**In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.**

### **PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: N/A Relationship to Bidder/Offeror: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date: \_\_\_\_\_

Bidder/Offeror Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Certification:** I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that Town/ Township/ Borough/Government Agency is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the MCMUA to notify the MCMUA in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Morris County Municipal Utilities Authority, New Jersey and that the MCMUA at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Michael Coppola Signature: 

Title: CEO Date: April 24, 2026

# MORRIS COUNTY MUA

## *Non-Collusion Affidavit*

STATE OF NEW JERSEY  
MORRIS COUNTY MUNICIPAL UTILITIES AUTHORITY ss:

I certify that I am Michael Coppola, CEO

of the firm of Coppola Services, Inc. DBA NVIRO Serve

the Respondent making this Proposal for the bid or proposal for the above named project, that I executed the said proposal with full authority to do so; that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and this affidavit are true, correct, and made with full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said Proposals and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies.

Signature of Representative:

*Michael Coppola*

Subscribed and sworn to before me this 24 day of April, 2020

Print Name of Affiant: Michael Coppola, CEO

Notary Public of Bergen County, New Jersey

My commission expires March 26, 2031

*Michael Bussinelli*



# MORRIS COUNTY MUA

## *Subcontractor Utilization Plan Form*

Before submitting his bid, the Bidder shall completely familiarize himself with Section 40A:11-16 of the New Jersey Local Public Contracts Law (New Jersey Statutes Annotated 40A:11-16). On contracts for the erection, alteration or repair of any public building, if the Bidder will use subcontractors for the plumbing work and gas fitting and all kindred work, steam and hot water heating and ventilating apparatus, steam power plants and kindred work, electrical work, structural steel and ornamental iron work he shall list below the name and address of each subcontractor to be used for these respective and kindred categories of work.

WORK CATEGORY	NAME	ADDRESS
Plumbing and Gas Fitting and all kindred work	N/A	
Steam Power Plants, Steam and Hot Water Heating and Ventilating Apparatus, and all Kindred Work	N/A	
Electrical Work	N/A	
Structural Steel and Ornamental Iron Work	N/A	

(Attach Additional Pages as Required)

NOTE: Submission of the names and addresses of the subcontractors required by N.J.S.A. 40A:11-16 is essential and nonwaivable. The names and addresses for subcontractors must be provided for each work category above, otherwise the bid will be deemed nonresponsive. Where more than one subcontractor is named for a work category, the bidder must identify, in the Bid, the scope of work that is to be performed by each subcontractor, as required by P.L. 1997, c. 408. Failure to comply with these statutory requirements will result in the in the Bid being deemed nonresponsive.

# MORRIS COUNTY MUA

## *Bid Security Statement*

This Bid is accompanied by bid security either in the form of a certified check on the

\_\_\_\_\_ Bank of \_\_\_\_\_

in the amount of \_\_\_\_\_

Dollars or a Bid Bond in the amount of \_\_\_\_\_

Dollars guaranteed by the undersigned as Bidder and \_\_\_\_\_

as Surety. This Bid is also accompanied by a Consent of Surety for Performance and Payment Bond in accordance with the conditions in the Bid Documents.

The Bidder hereby agrees that if this Bid shall be accepted by the MCMUA and the Bidder fails to execute and deliver the Contract and Contract bonds in accordance with the terms of this Bid and the requirements of the foregoing Information for Bidders and Requirements of Bid, then the Bidder shall be deemed to have abandoned the Contract and forfeited the bid security and there-upon the Bid and its acceptance shall be null and void.

\_\_\_\_\_  
*(Name of Firm or Individual)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public of

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_

**MORRIS COUNTY MUA**

*Form of Bid Bond*

KNOW ALL MEN BY THESE PRESENTS, that we, \_\_\_\_\_  
\_\_\_\_\_, Hereinafter called the Principal, as Principal, and the \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ a corporation duly organized  
under the laws of the State of \_\_\_\_\_, hereinafter called the Surety, as Surety are held and  
firmly bound unto \_\_\_\_\_ hereinafter called the Obligee, in the  
sum of \_\_\_\_\_ Dollars, (\$ \_\_\_\_\_) for the payment of  
which sum, well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs,  
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, The Principal has submitted a bid for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOW, THEREFORE, if the Obligee shall accept the Bid of the Principal and the Principal shall enter into a Contract  
with the Obligee in accordance with the terms of such bid and give bond or bonds as may be specified in the Bid  
Documents with good and sufficient surety for the faithful performance of such Contract and the prompt payment of  
labor and material furnished in the prosecution thereof, then this obligation shall be null and void, otherwise to remain  
in full force and effect.

SIGNED AND SEALED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. In the presence of:

\_\_\_\_\_  
(Principal) (SEAL)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Surety) (SEAL)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Title) (SEAL)

**MORRIS COUNTY MUA**

*Performance & Payment Bond*

BOND NUMBER \_\_\_\_\_

KNOW ALL MEN/WOMEN BY THESE PRESENTS,

That we, the undersigned, \_\_\_\_\_

\_\_\_\_\_ as Principal, and \_\_\_\_\_, a

corporation of the State of \_\_\_\_\_ and

authorized to do business in the State of New Jersey, as Surety, are hereby held and firmly bound unto

\_\_\_\_\_ as Oblige, in the penal sum of \_\_\_\_\_

dollars \$ \_\_\_\_\_ (equal to the

annual value of the Contract as set forth in the Notice to Proceed) for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the above named

Principal did on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, enter a contract with \_\_\_\_\_,

which contract is made part of this bond the same as though set forth herein:

# MORRIS COUNTY MUA

## *Performance & Payment Bond*

NOW, if the said principal shall well and faithfully do and perform the things agreed by the said principal to be done and performed according to the terms of said contract, and shall pay all lawful claims of beneficiaries as defined by N.J.S. 2A:44-143 for labor performed or materials provisions, provender or other supplies or teams, fuels, oils, implements or machinery furnished, used or consumed in the carrying forward, performing or completing of said contract, we agreeing and assenting that this undertaking shall be for the benefit of any beneficiary as defined in N.J.S. 2A:44-143 having a just claim, as well as for the obligee herein; then this obligation shall be void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The said Surety hereby stipulates and agrees that no modifications, omissions of additions in or to the terms of the said contract or in or to the plans or specifications therefore shall in anyway effect the obligation of said Surety on its bond.

Recovery of any claimant under the bond shall be subject to the conditions and provisions of this article to the same extent as if such conditions and provisions were fully incorporated in the form set forth above.

This bond is given in compliance of the requirements of the statutes of the State of New Jersey in respect to bonds of contractors on public works. Revised statutes of the State of New Jersey, N.J.S.A. 2A:44-143 to 2A: 44-147, both inclusive and liability hereunder is limited as in said statutes provided.

Signed, sealed and dated this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Surety) \_\_\_\_\_ (SEAL)  
\_\_\_\_\_ (SEAL)

\_\_\_\_\_  
(Attorney-in-fact)

# MORRIS COUNTY MUA

## *Consent of Surety*

In consideration of the premises and of One Dollar (\$1.00), lawful money of the United States, to it in hand paid by the Contractor, the receipt whereof is hereby acknowledged, the undersigned surety consents and agrees that if the Contract, for which the preceding estimate and Bid is made, be awarded to the person or persons submitting the same as contracted, it will become bound as surety and guarantor for its faithful performance, and shall provide a one year performance bond in the amount equal to 100% of the contract amount prior to the execution of the contract. The Contractor shall also execute thereafter a bond as party of the third part thereto when required to do so by Owner.

In witness whereof, said surety has caused these present to be signed and attested by a duly authorized officer and its corporate seal to be hereto affixed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

(A corporate acknowledgment and statement of authority to be hereto attached by the surety company)

By \_\_\_\_\_  
*Surety Company*  
*Attorney-in-Fact*

Attest:

\_\_\_\_\_

**MORRIS COUNTY MUA**

*Surety Acknowledgement*

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me personally came \_\_\_\_\_ to me known, who being by me duly sworn, did depose

and say, that he resides in \_\_\_\_\_,

that he is the \_\_\_\_\_ of \_\_\_\_\_,

the Corporation described in and which executed the foregoing instrument; that he knows the seal of said Corporation; that the seal affixed to said instrument is such Corporate seal; that it was so affixed

by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

\_\_\_\_\_  
(Seal)

CONTRACTOR ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who being by me duly

sworn, did depose and say, that he resides in \_\_\_\_\_; that he is the

\_\_\_\_\_ of \_\_\_\_\_, the

Corporation described in and which executed the foregoing instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.

(Seal)

# MORRIS COUNTY MUA

## *Surety Disclosure Statement and Certificate*

\_\_\_\_\_, surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, 20\_\_ (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. sec. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) The amount of the bond to which this statement and certification is attached is \$\_\_\_\_\_.

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3) (1) or (3) (b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:

\_\_\_\_\_  
\_\_\_\_\_

# MORRIS COUNTY MUA

## *Surety Disclosure Statement and Certificate*

\_\_\_\_\_ ; and

(b) Each surety that is party to any such contract of reinsurance certifies that each re-insure listed under item (5) (a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (c.17:513-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

### **CERTIFICATE**

**(to be completed by an authorized certifying agent  
for each surety on the bond)**

I \_\_\_\_\_, as \_\_\_\_\_ for  
(Name of Agent) (Title of Agent)

\_\_\_\_\_ a corporation/mutual insurance company/other (indicating  
(Name of Surety)

type of business organization) (circle one) domiciled in \_\_\_\_\_, DO  
(State of Domicile)

HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true  
and ACKNOWLEDGE that if any of those statements are false, this bond is VOID.

\_\_\_\_\_  
(Signature of Certifying Agent)

\_\_\_\_\_  
(Printed Name of Certifying Agent)

\_\_\_\_\_  
(Title of Certifying Agent)



# MORRIS COUNTY MUA

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## W-9

taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

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

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

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

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>*</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Sincerely,

*Patricia A. Chiacchio*

Patricia A. Chiacchio  
Director, Division of Revenue

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE  
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY/  
DIVISION OF REVENUE  
PO BOX 252  
TRENTON, N J 08646-0252

TAXPAYER NAME:

**COPPOLA SERVICES INC**

TAXPAYER IDENTIFICATION#

**133-328-023/000**

ADDRESS

**28 EXECUTIVE PKWY  
RINGWOOD NJ 07456**

EFFECTIVE DATE:

**04/01/86**

FORM-BRC(08-01)

TRADE NAME:

**COPPOLA SERVICES INC**

CONTRACTOR CERTIFICATION#

**0059019**

ISSUANCE DATE:

**09/13/01**

*Patricia A. Chiacchio*

Director, Division of Revenue

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Certificate Number  
654408

Registration Date: 11/09/2024  
Expiration Date: 11/08/2026



**State of New Jersey**  
**Department of Labor and Workforce Development**  
Division of Wage and Hour Compliance  
**Public Works Contractor Registration Act**

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

**Responsible Representative(s):**

Ralph Coppola, President  
Coppola Family 2012 Trust, Owner  
Jeffrey A. Coppola 2012 Trust, Owner  
Jeffrey Coppola, COO

**Responsible Representative(s):**

Mary Coppola, Owner  
Michael R. Coppola 2012 Trust, Owner  
Michael Coppola, CEO

**Coppola Services, Inc.**  
**2024**

A handwritten signature in black ink, appearing to read "R. Asaro-Angelo".

Robert Asaro-Angelo, Commissioner  
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

Certification **36864**

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT      RENEWAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Apr-2025 to 15-Apr-2028**

**COPPOLA SERVICES, INC.  
28 EXECUTIVE PARKWAY  
RINGWOOD**

**NJ    07456**



**ELIZABETH MAHER MUOIO**  
State Treasurer

**MINUTES OF MEETING OF DIRECTOR  
OF  
COPPOLA SERVICES, INC.**

A meeting of the Board of Directors of Coppola Services, Inc. (the "Corporation") was held on December 14, 2000 at the offices of McElroy, Deutsch & Mulvaney, 1300 Mt. Kemble Avenue, Morristown, New Jersey.

I, being the sole director, waived any formal notice of the meeting and took action as follows:

1. **RESOLVED**, that the Corporation enter into the Shareholders Agreement in the form annexed hereto;

2. **RESOLVED**, that approval of all prior actions taken on behalf of the Corporation which may have required Board approval is confirmed;


3. **RESOLVED**, that the Bylaws as annexed hereto are adopted as the Bylaws of the Corporation.

4. **RESOLVED**, that each of the following persons are elected to the office set opposite their name, to assume the duties and responsibilities fixed by the Bylaws or by the Board of Directors until their respective successors are chosen:

President:	Ralph A. Coppola
Vice President:	Michael Coppola
Secretary:	Jeffrey Coppola
Treasurer:	Ralph A. Coppola

5. **RESOLVED**, that the appropriate officers of the Corporation are authorized and directed to issue shares of common stock, without par value, which shares are subject to the terms of the Shareholders Agreement.

**IN WITNESS WHEREOF**, I have set my hand and seal.

  
\_\_\_\_\_  
RALPH A. COPPOLA, Director

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**COPPOLA SERVICES, INC.  
0100309721**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New York Authorized Foreign Corporation was registered by this office on September 03, 1986.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**RALPH COPPOLA  
28 EXECUTIVE PARKWAY  
RINGWOOD, NJ 07456**

*I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:*

<i>NAME CHANGE</i>	<i>04/19/2001</i>
<i>CHANGE OF AGENT AND OFFICE</i>	<i>09/21/2006</i>
<i>Annual Report filing with officer/member change</i>	<i>08/22/2019</i>
<i>CHANGE OF AGENT AND OFFICE</i>	<i>08/03/2022</i>
<i>ALTERNATE NAME FILING</i>	<i>08/27/2024</i>
<i>ALTERNATE NAME FILING</i>	<i>08/27/2024</i>

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**COPPOLA SERVICES, INC.  
0100309721**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of October, 2024*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6157798552*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*



## CREDIT REFERENCES

Customer Name Coppola Services, Inc. Telephone 973-962-1890  
Billing Address/P.O. Box 28 Executive Parkway Fax 973-962-9112  
City Ringwood State NJ Zip 07456 Type of Business: Pump station  
Shipping Address 28 Executive Parkway construction, pipe and pump repairs  
City Ringwood State NJ Zip 07456 Year Business Started: 1971  
Accounts Payable Contact Amy DiGiacomo

### **BANK REFERENCES:**

Name M&T Bank Account No: upon request  
Address 1144 Hooper Avenue, Suite 201B Telephone: 732-908-4806  
City/State Toms River, NJ 08753 Email: dvorsteg@mtb.com  
Contact David Vorsteg

### **CURRENT SUPPLIERS WITH OPEN ACCOUNTS:**

Name Raritan Supply Telephone: 732-985-5000  
City/State New Brunswick, NJ Email: lana@raritangroup.com  
Contact Tom Richardson or Lana

Name GP Jager Telephone: 201-986-1994  
City/State Kinnelon, NJ Email: bfenton@jagerinc.com  
Contact Bob Fenton

Name Pumping Services Telephone: 732-469-4540  
City/State Middlesex, NJ Email: david.hull@psiprocess.com  
Contact David Hull



## List of Owned Equipment

580 Case Backhoe  
Komatsu- 300 Excavator  
(3) Komatsu- 150 Excavators  
(6) Bobcat Skid Steers  
(2) Multiquip Compressor  
(2) Mack Dump Trucks  
(9) Vacuum Trucks  
Trailer Mounted Jet Truck  
(2) Combination Vacuum/Jet Trucks  
(2) Compressors  
(1) PC 35 Excavator  
(3) Bobcat Excavators  
450 Case Dozer  
Komatsu- 228 Excavator  
(2) PC 238 Excavators  
PC 390 Excavators  
PC 170 Excavators  
PC 228 Excavators  
PC 300 Excavators  
PC 150 Excavators  
Brust Bandit Chipper  
(3) PC 88 Excavators  
International Dump Truck  
(2) Lull hi-Low  
(2) Vacuum Tractor Trailers 7, 500 gallons  
(3) Vacuum Tractor Trailers 7,000 gallons  
(11) Vacuum Tractor Trailers 6,300 gallons  
(5) Services Truck with Crane  
Vactor 2100 Combination Unit  
(3) 12" Diesel Bypass Pumps  
(2) 6" Diesel Bypass Pumps  
(1) 8" Diesel Bypass Pump  
(2) Dump Truck- Single Axle  
(2) Dump Truck – Tandem  
(5) Utility Trucks  
Trench Roller  
(2) Forklift/Lull  
(2) Genset- Trailer Mounted



### Sludge Hauling References

Camo Pollution Control  
Hauling & Disposal of STP Sludge  
845-235-8335

Township of Livingston  
Digester Cleaning & Sludge Hauling  
973-535-7944

Synagro/Epic  
Pumped out a Lagoon & Sludge Hauling  
973-856-4418

City of Port Jervis (NYC DEP)  
Sludge Hauling & Vactor Work  
845-856-2715

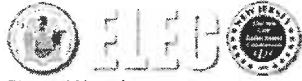
Township of Chatham  
Sludge Hauling  
973-635-4600

Veolia  
Sludge Hauling & Vactor Work  
908-574-8238



## Present Contracts

NAME OF OWNER COMPLETE ADDRESS TELEPHONE NO.	PROJECT LOCATION AND SPECIFIC TYPE OF WORK PERFORMED	Current Status
Township of Mount Olive 204 Flanders-Drakestown Road Budd Lake, NJ 07828	Bid#01-2024 Removal and Disposal of Sludge From Mt. Olive Sewerage Treatment Plants	Active
New York Thruway Authority Bureau of Purchasing 200 Southern Blvd, PO Box 189 Albany, NJ 12201	Septic & Sludge Removal	Active
The Southeast Morris County Municipal Utilities Authority 19 Saddle Road Cedar Knolls, NJ 07927	Liquid Non-Hazardous Waste Removal	Active
South Monmouth Regional Sewerage Authority 1235 Eighteenth Avenue Belmar, NJ 07719	Removal and Hauling of Sewage Sludge	Active
Bergen County Utilities Authority P.O. Box 9 Little Ferry, NJ 07643	Contract No. 24-003 Liquified Sludge Hauling From LFWPCF to PVSC	Active



State of New Jersey

New Jersey Election Law Enforcement Commission

Governor Phil Murphy · Lt. Governor Tahesha Way

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# Pay-to-Play

**Filing Confirmation**  
Thank you for filing electronically.

The Commission has received the following report: Form\_BE2024.pdf

Confirmation number : 20243049205

Business Entity Name : Coppola Services, Inc.

Filing Year : 2024

The information was received on : 02/27/2025

If you used a software other than the Official Adobe Reader to open and fill-in the Form BE, there is a high probability that your filing will be rejected. If you have any questions or concern, refer back to the detailed instructions on the download page.

Print this page for your records.

TOP

## Pay-to-Play

PowerPoint Pres.....

Legal References

For State Pay-to-Play  
- Dept. of the Treasury

For County and Local Pay-to-Play  
- Dept. of Community Affairs  
- Secretary of State Office

Filing Deadlines

Form BE and Instructions

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2026

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

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

PRODUCER C & H Agency 55 Lane Road, Suite 210 P.O. Box 10003 Fairfield NJ 07004	CONTACT NAME: Taras Terlecky	PHONE (A/C No, Ext): (973) 890-0900	FAX (A/C, No): (973) 812-9860
	E-MAIL ADDRESS: tterlecky@chagency.com		
INSURED Coppola Services, Inc. 28 Executive Parkway Ringwood NJ 07456	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Valley Forge Insurance Company		20508
	INSURER B: The Continental Insurance Company		35289
	INSURER C: Nautilus Insurance Company		17370
	INSURER D:		
	INSURER E:		

COVERAGES      CERTIFICATE NUMBER: 25-26 GL,A,U,WC,PolI      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 <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> X,C,U Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7017917954	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	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			7017917923	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			7017917937	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	7017917940	12/31/2025	12/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Contractors Pollution Liability			CPL2010553-23	12/31/2025	12/31/2026	Occurrence: \$10,000,000. Aggregate: \$10,000,000.

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

RE: BID PURPOSES ONLY  
BID #2026-SW02 Leachate Collection and Disposal, 168 Gold Mine Road, Flanders NJ.

## CERTIFICATE HOLDER

Morris County Municipal Utilities Authority  
370 Richard Mine Road  
Wharton NJ 07885

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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This Certificate is  
Non-Transferable



State of New Jersey

Department of Environmental Protection  
State of New Jersey

Department of Environmental Protection  
Division of Solid and Hazardous Waste

Robert C. Shinn, Jr.  
Commissioner

Christine Todd Whitman  
Governor

**CERTIFICATE  
of  
PUBLIC CONVENIENCE AND NECESSITY**

**SW Number: 1994**

Hereby issued to:

Coppola Services, Inc.  
47A Route 303  
Valley Cottage, New York 10989

FOR AUTHORITY TO ENGAGE IN THE BUSINESS OF SOLID WASTE COLLECTION AS DEFINED IN N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET SEQ. IN AND ABOUT THE STATE OF NEW JERSEY.

NJDEP SOLID WASTE REGISTRATION NO. 11305

The authority granted herein shall not exceed that requested and applied for in the application and tariff, Docket No: SE92090903

IT IS MADE A CONDITION OF THIS CERTIFICATE THAT THE HOLDER SHALL OPERATE IN COMPLIANCE WITH THE AUTHORITY HEREIN GRANTED UNDER THE PROVISIONS OF N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET SEQ. FAILURE TO DO SO SHALL CONSTITUTE SUFFICIENT GROUNDS FOR SUSPENSION OR REVOCATION PURSUANT TO N.J.S.A. 48:13A-9 ET SEQ.

Date of Issue: 12/26/96

A handwritten signature in black ink, appearing to read "Frank Coolick", written over a horizontal line.

Frank Coolick, Assistant Director  
Division of Solid & Hazardous Waste



State of New Jersey

Christine Todd Whitman  
Governor

Department of Environmental Protection

Robert C. Shinn, Jr.  
Commissioner

Mr. Ralph Coppola  
Coppola Services, Inc.  
47A, Route 303  
Valley Cottage, NY 10989

CERTIFIED MAIL P905 525 956  
RETURN RECEIPT REQUESTED  
AUG 27 1988

RE: Solid Waste Transporter License  
N.J.S.A. 13:1E-126 et seq.

Dear Mr. Coppola:

This is to advise you that the investigative report from the Attorney General required under N.J.S.A. 13:1E-126 et seq. has been received by the Department of Environmental Protection.

Based on our review of the aforementioned investigative report, the Department is hereby issuing a solid waste transporter license to:

**COPPOLA SERVICES, INC.**

This letter will serve as documentation that a solid waste transporter license has been issued. This license must be renewed annually by filing the Annual License Update form and any other change of information concerning your company or its operation as required by the Department.

You may also be required to obtain a Certificate of Public Convenience and Necessity prior to commencing solid waste business operations. Questions regarding this certificate should be directed to the Bureau of Solid Waste Regulation at (609) 984-2080. Any transportation equipment must be registered prior to commencing operations. Questions regarding equipment registration of the above license should be directed to the Bureau of Hazardous Waste Regulation at (609) 292-7081.

Sincerely,

*Norine Binder*

Norine Binder, Chief  
Bureau of Hazardous Waste Regulation

LC: 96/86-587:lc  
c: R. Thornton  
c: Harley Williams