



Established in 1979, Nelson Sanitation & Rental Inc. is MPCA certified (License L 4293) and also has employees that are NASSCO certified for pipe inspection. See attached for one example.

We have 10-12 out of our 30+ employees that work on our hydrovac and televising crews helping cities & contractors with existing pipe maintenance or basic cleaning and inspection of new installs as well. We also do cleaning of lift stations.

We work with many cities or sanitary districts such as Garrison Sanitary District, Glacial Lakes Sanitary District, City of Clear Lake, City of Maple Grove, City of Circle Pines, and many more.

If there is anything you need further, please let me know.

Thank you!

Prepared by:
Chad Houg
Director of Sales & Marketing
Chad@NelsonSanitation.com
Office 320-393-2787 Cell 320-309-6335



Project: Sewer Jetting and Televising 2026-2028

Maple Plain, MN

Work: Jet & Televis Existing Sanitary Sewer (Approx. 31,000 LF of Mostly PVC divided into 3 years)

Mobilization Fee = \$400.00 Annually

Jetting = \$0.75/LF

Televising = \$0.75/LF

Televising Reverse Set-up = No Charge

Root Removal = \$290/HR

Deposit Removal = \$290/HR

Cutting of protruding PVC taps = \$500 each. \$450/hr after the 1st hour if it takes longer than 1 hr.

Emergency hydrovac services = \$390/hr

Extra charges apply if more than 3 passes are needed during jetting. \$0.75/LF includes up to 3 additional passes.

Easement jetting such as the area from MH 139-MH 146 requires an extra \$1.00/LF & \$100.00 mobilization fee.

City Responsibilities: Provide exposed & accessible manholes. Provide access to water/fire hydrant at job site & location to dump debris at site. Extra fees apply if water is not accessible from hydrants at site. Provide a legible plan/map showing direction of flow and manhole numbers. City responsible for controlling flow if needed. Nelson Sanitation will have the basic cones & flashing lights on vehicles. Additional traffic control if required if not provided by the city will be subbed out to Warning Lites and the costs passed on to the city.

Nelson Sanitation & Rental, Inc. will use a combination hydrovac/jetter truck to clean the pipes. Televising will be done per NASSCO standards. We will provide flash drives with the televising report & video, along with a printed report.

Prepared by:

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PACP | LACP | MACP Version 8

CERTIFICATE OF COMPLETION

PROUDLY PRESENTED TO

Derek Kiffmeyer

Certification Number: P0046275-022024

Expiration Date: 2/23/2027



Sheila Joy

Sheila Joy
Executive Director

Note: The individual is not an employee or partner of NASSCO. The individual acknowledges and agrees that NASSCO does not supervise or control the individual and that NASSCO shall not be responsible for any acts or omissions of the individual.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2025

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

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

PRODUCER		CONTACT NAME: Mark Kremers	
Strategic Insurance Solutions LLC		PHONE (A/C, No, Ext): (763) 746-0865	
801 Twelve Oaks Center Drive		FAX (A/C, No):	
#803C		E-MAIL ADDRESS: mark@sisagent.com	
Wayzata		INSURER(S) AFFORDING COVERAGE	
MN 55391		INSURER A: SELECTIVE INS CO OF AMER	
INSURED		INSURER B: Westchester - ACE American Insurance Company	
NELSON SANITATION AND RENTAL		INSURER C:	
PO BOX 85		INSURER D:	
RICE		INSURER E:	
MN 56367-0085		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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	☒ COMMERCIAL GENERAL LIABILITY			S 2619957	08/24/2025	08/24/2026	EACH OCCURRENCE	\$ 1,000,000	
	☐ CLAIMS-MADE ☒ OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 500,000		
			MED EXP (Any one person)				\$ 15,000		
			PERSONAL & ADV INJURY				\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	☒ POLICY ☒ PROJECT ☒ LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:								\$
A	AUTOMOBILE LIABILITY			S 2619957	08/24/2025	08/24/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	☒ ANY AUTO		BODILY INJURY (Per person)				\$		
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident)				\$		
	☒ HIRED AUTOS ONLY		PROPERTY DAMAGE (Per accident)				\$		
								\$	
A	☒ UMBRELLA LIAB			S 2619957	08/24/2025	08/24/2026	EACH OCCURRENCE	\$ 5,000,000	
	☐ EXCESS LIAB		AGGREGATE				\$ 5,000,000		
	☐ CLAIMS-MADE						\$		
	DED	RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 9136851	08/24/2025	08/24/2026	☒ PER STATUTE ☐ OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
B	Pollution Liability			G7444507A003	08/24/2025	08/24/2026	Each Occurrence	2,000,000	
							Each Aggregate	2,000,000	

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

Benton County Government Center Project. Certificate holder is an additional insured on a primary and non-contributory basis including product and completed operations.

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Mark Kremers