


Limestone Rock Asphalt (LRA) Aggregate

1. Identification (Begin Here)

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| Product name: Limestone Rock Asphalt (LRA) Aggregate | |
| Other means of identification/Synonyms/Common Names: LRA Air- Separator Dust, LRA Flexible Base, LRA Quarry Screenings, LRA Ultrafines | |
| Recommended use: Limestone Rock Asphalt (LRA) Aggregate is used as a construction material. | |
| Recommended restrictions: None known | |
| Manufacturer/Contact info: Vulcan Materials Company and its subsidiaries and affiliates 1200 Urban Center Drive Birmingham, AL 35242 | General Phone Number: 1.866.401.5424 Emergency Phone Number: 1.866.401.5424 (3E Company, 24hours/day, 7 Days/week) Website: www.vulcanmaterials.com |

2. Hazard(s) Identification

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| Physical hazards: Not Classified | Health hazards: Carcinogenicity-Category 1A Specific target organ toxicity, repeated exposure- Category 2 |
|  | Signal word: <h1>Danger</h1> |
| | Hazard statement: May Cause Cancer (Inhalation). Causes damage to organs (lungs, respiratory system) through prolonged or repeated exposure (inhalation) |

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| Precautionary statement: Prevention <ul style="list-style-type: none"> Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Use personal protective equipment as required. Wear protective gloves, protective clothing, eye protection, and face protection. Wash hands thoroughly after handling. Do not eat, drink or smoke when using this product. Response <ul style="list-style-type: none"> If exposed or concerned get medical advice/attention. Disposal <ul style="list-style-type: none"> Dispose of contents/container in accordance with all local, regional, national, and international regulations. |
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Supplemental information:
Respirable Crystalline Silica (RCS) may cause cancer. Limestone Rock Asphalt (LRA) Aggregate is a naturally occurring mineral complex that contains varying quantities of quartz (crystalline silica). LRA may be subjected to various natural or mechanical forces that produce small particles (dust) which may contain respirable crystalline silica (particles less than 10 micrometers in aerodynamic diameter). Repeated inhalation of respirable crystalline silica (quartz) may cause

lung cancer according to IARC, NTP; ACGIH states that it is a suspected cause of cancer. Other forms of RCS (e.g., tridymite and cristobalite) may also be present or formed under certain industrial processes.

3. Composition/information on ingredients

| Chemical name | CAS number | % |
|-----------------------------|------------|---------|
| Limestone | 1317-65-3 | 93 - 95 |
| Quartz (crystalline silica) | 14808-60-7 | >1 |
| Native Asphalt Bitumen | 8052-42-4 | 5-7 |

4. First-aid measures

Inhalation:

Remove to fresh air. Dust in throat and nasal passages should clear spontaneously. Contact a physician if irritation persists or if breathing is difficult.

Eyes:

Immediately flush eye(s) with plenty of clean water for at least 15 minutes, while holding the eyelid(s) open. Occasionally lift the eyelid(s) to ensure thorough rinsing. Beyond flushing, do not attempt to remove material from eye(s). Contact a physician if irritation persists or later develops.

Skin:

Clean exposed skin with soap or mild detergent and large amounts of water until all traces are removed from the skin. Do not use solvents or thinners to remove material from skin. Get medical attention if irritation develops or persists.

Ingestion:

If person is conscious, do not induce vomiting. Give large quantity of water and get medical attention. Never attempt to make an unconscious person drink.

Most important symptoms/effects, acute and delayed:

Dust from hardened, dry product may irritate the eyes, skin, and respiratory tract. Breathing silica-containing dust for prolonged periods in the workplace can cause lung damage and a lung disease called silicosis. Symptoms of silicosis may include (but are not limited to) shortness of breath, difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; right heart enlargement and/or failure.

Indication of immediate medical attention and special treatment needed:

Not all individuals with silicosis will exhibit symptoms of the disease. However, silicosis can be progressive, and symptoms can appear at any time, even years after exposures have ceased. Persons with silicosis have an increased risk of pulmonary tuberculosis infection.

For emergencies contact 3E Company at 1.866.401.5424 (24 hours/day, 7 days/week).

5. Fire-fighting measures

Suitable extinguishing media:

Agents approved for Class B hazards (e.g., dry chemical, carbon dioxide, halogenated agents, foam, and steam) and water fog.

Unsuitable extinguishing media:

Avoid use of straight-stream water. Adding water to hot asphalt presents an explosion hazard.

Specific hazards arising from the chemical:

Fumes and vapors can explode when concentrated in an enclosed environment and supplied with an ignition source. Never weld or use a cutting torch or open flame on a full, partially full or empty bin, hopper, or other container that holds or has held asphalt material unless precautions are taken to prevent explosion. **WARNING:** Hydrogen sulfide (H₂S) and other hazardous gases/vapors may evolve and collect in the headspace of storage tanks or other enclosed vessels, and can create an explosive, toxic or oxygen deficient atmosphere. H₂S gas is extremely flammable and can explode if an ignition source is provided. See Section 11 for health effects of H₂S gas.

Special protective equipment and precautions for firefighters:

Avoid breathing irritating and potentially toxic fumes, including hydrogen sulfide gas. Firefighters should wear NIOSH/MSHA approved positive pressure breathing apparatus (SCBA) with full face mask and full protective equipment.

Fire-fighting equipment/instructions:

Adding water to hot asphalt presents an explosion hazard.

Specific methods:

Use water spray to keep fire-exposed containers cool.

6. Accidental release measures

Personal precautions, protective equipment and emergency procedures:

Ventilate area and avoid emission inhalation or skin contact by using appropriate precautions outlined in this SDS (see Section 8). Keep all sources of ignition at least 50 feet away. Prevent materials from entering streams, drainages, or sewers. Spills entering surface waters or sewers entering/leading to surface waters must be reported to the National Response Center 1-800-424-0882. Based on volume and use, components of this product may be subject to reporting requirements of Title III of SARA, 1986, and 40 CFR 372.

For emergencies, contact 3E Company at 1-866-401-5424 (24 hours/day, 7 days/week).

Environmental precautions:

Stop leak and contain spilled material with sand, aggregate fines, or other inert adsorbent. Collect adsorbed product and clean up materials in appropriate container for proper disposal. Notify proper authorities. Prevent from entering into sewers or drainage systems where it can harden and clog flow.

Methods and materials for containment and cleaning up:

Contact the asphalt plant to determine feasibility of recycling material. Dispose of waste materials in accordance with applicable federal, state and local laws and regulations.

7. Handling and storage

Precautions for safe handling:

Follow personal protection and protective controls set forth in Section 8 of this SDS when handling this product. If personnel must enter a tank or other confined space that contained this material, follow the OSHA Confined Space Entry Program as specified in 29 CFR 1910.146. Do not store near food, beverages or smoking materials. Avoid personal contact with heated material. Respirable crystalline silica-containing dust may be generated when hardened asphalt mix is subjected to mechanical forces, such as demolition work, surface treatment (sanding, grooving, chiseling, etc.), and/or recycling of pavement.

Do not attempt to clean empty containers since residue is difficult to remove. Do not pressurize, cut, weld, braze, solder, drill, grind or expose such containers to heat, flame, sparks, static electricity, or other sources of ignition as they may explode and cause injury or death.

Tripping accidents have occurred because of asphalt buildup on bottoms of shoes and boots; buildup should be removed regularly to prevent such accidents. Do not use solvents or thinners to clean footwear.

Conditions for safe storage, including any incompatibilities:

Store away from all ignition sources and open flames in accordance with applicable laws and regulations.

Vapors containing hydrogen sulfide may accumulate during storage or transport of asphaltic materials. When petroleum asphalt products are heated, potentially irritating emissions (fumes, mists, and vapors) may be released.

8. Exposure controls/personal protection

Legend:

NE = Not Established; PEL = Permissible Exposure Limit; TLV = Threshold Limit Value; REL = Recommended Exposure Limit; OSHA = Occupational Safety and Health Administration; MSHA = Mine Safety and Health Administration; NIOSH = National Institute for Occupational Safety and Health; ACGIH = American Conference of Governmental Industrial Hygienists

| Component | OSHA/MSHA PEL | ACGIH TLV | NIOSH REL |
|---|--|--|--|
| Limestone (Calcium Carbonate) | 15 mg/m ³ (total dust) 5 mg/m ³ (respirable fraction) | 10 mg/m ³ (total dust as Calcium Carbonate) | 10 mg/m ³ (total dust) 5 mg/m ³ (respirable fraction) |
| Asphalt Fumes | NE | 0.5 mg/m ³ (as benzene-soluble aerosol) | Ceiling 5 ppm |
| Particulates not otherwise classified | 15 mg/m ³ (total dust) 5 mg/m ³ (respirable fraction) | 10 mg/m ³ (inhalable fraction) 3 mg/m ³ (respirable fraction) | NE |
| Respirable dust containing silica | 10 mg/m ³ ÷ (% silica + 2) | Use Respirable Silica TLV | Use Respirable Silica TLV |
| Total dust containing silica | MSHA: 30 mg/m ³ ÷ (% silica + 3) | NE | NE |
| Respirable Crystalline Silica (quartz) | OSHA/MSHA: 50 µg/m ³ | 0.025 mg/m ³ | 0.05 mg/m ³ |
| Respirable Tridymite and Cristobalite (other forms of crystalline silica) | OSHA/MSHA: 50 µg/m ³ | 0.025 mg/m ³ | 0.05 mg/m ³ |

Exposure Guidelines:

Workers should station themselves on the upwind side of asphalt emissions when possible. It is recommended that asphalt emissions be monitored regularly to determine exposure levels. Respirable dust and quartz levels should be monitored regularly to determine worker exposure levels. Exposure levels in excess of allowable exposure limits should be reduced by all feasible engineering controls, including (but not limited to) wet suppression, ventilation, process enclosure, and enclosed employee workstations.

Wash hands before eating, drinking, smoking and/or using toilet facilities. A clean water supply for emergency first aid and washing facilities should be readily available. Do not use solvents or thinners to remove material from skin. Laundering clothing between uses is recommended.

Engineering Controls:

General dilution or local exhaust ventilation is required to maintain exposures below appropriate exposure limits. Activities with dried/hardened product that generate dust require the use of general ventilation, local exhaust and/or wet suppression methods to maintain exposures below allowable exposure limits.

Eye Protection:

Use a full face shield and chemical safety goggles if handling heated material. Safety glasses with side shields should be worn as minimum protection at ambient temperatures. Contact lens should not be worn when eye contact with product is possible.

Skin Protection (Protective Gloves/Clothing):

Avoid skin contact with material by wearing impervious gloves and protective clothing. With product at ambient temperatures, use disposable nitrile, neoprene or butyl rubber material. When handling hot material, use heat-resistant gloves. Use insulated, heat-resistant clothing as necessary.

Respiratory Protection:

Not expected to be necessary under normal use and working conditions.

All respirators must be NIOSH-approved for the exposure levels present. (See NIOSH Respirator Selection Guide). The need for respiratory protection should be evaluated by a qualified safety and health professional. For air-contaminant concentrations which exceed or are likely to exceed applicable exposure limits, use a NIOSH-approved, contaminant-specific, air purifying respirator. If such conditions are sufficiently high that the air-purifying respirator is

inadequate, or if oxygen adequate to sustain life is not present, use a positive-pressure, self-contained breathing apparatus. Activities that generate dust require the use of an appropriate dust respirator where dust levels exceed or are likely to exceed allowable exposure limits. For respirable silica levels that exceed or are likely to exceed an 8-hour Time Weighted Average (TWA) of 0.5 mg/m³, a high-efficiency particulate filter respirator must be worn at a minimum; however, if respirable silica levels exceed or are likely to exceed an 8-hour TWA of 5.0 mg/m³, a positive-pressure, full-face respirator or equivalent is required. Respirator use must comply with applicable MSHA (42 CFR 84) or OSHA (29 CFR 1910.134) standards, which include provisions for a user training program, respirator inspection, repair and cleaning, respirator fit testing, medical surveillance and other requirements.

9. Physical and chemical properties

Appearance:

Gray to black round or angular particles.

Odor:
Mild asphaltic odor when fresh or heated.

PH:
Not applicable

Decomposition temperature:
Not applicable

Melting point/freezing point:
100-135°

Initial boiling point and boiling range:
Not applicable

Flash point:
Product: Not available

Evaporation rate:
Not applicable

Flammability:
Not applicable

Upper/lower flammability or explosive limits:
Not applicable

Vapor pressure:
Not applicable

Relative density:
>1
Not applicable

Solubility:
Negligible

Partition coefficient: n-octanol/water.
Not applicable

Autoignition temperature:
Not applicable

Specific Gravity (H2O = 1):
2.2- 2.3 (bulk)

10. Stability and reactivity

Reactivity:

Contact with fluorine may cause burning or explosion. Adding water to hot asphalt presents an explosion hazard.

Chemical stability:

Stable under normal temperatures and pressures.

Possibility of hazardous reactions:

Keep away from direct flame/ignition sources.

Conditions to avoid (e.g., static discharge, shock or vibration):

Contact with incompatible materials should be avoided (see below). See Sections 5 and 7 for additional information.

Incompatible materials:

Strong oxidizers may react with hydrocarbons. Silica ignites on contact with fluorine and is incompatible with acids, aluminum, ammonium salts and magnesium. Silica reacts violently with powerful oxidizing agents such as fluorine, boron trifluoride, chlorine trifluoride, manganese trifluoride, and oxygen difluoride yielding possible fire and/or explosions. Silica dissolves readily in hydrofluoric acid producing a corrosive gas – silicon tetrafluoride.

Hazardous decomposition products:

Carbon monoxide and other compounds (such as amines, ammonia, nitrogen dioxide, sulfur dioxide, ozone, hydrogen sulfide, and various hydrocarbons) may be released by thermal decomposition. Hazardous vapors can collect in enclosed vessels or areas if not properly ventilated. If hydrogen sulfide is present, the flammable limits range from 4.3 to 45.5% by volume and its presence may promote the formation of pyrophoric (spontaneously igniting) iron compounds (See 29 CFR 1910.146). Silica-containing respirable dust particles may be generated. When heated, quartz is slowly transformed into tridymite (above 860°C/1580°F) and cristobalite (above 1470°C/2678°F). Both tridymite and cristobalite are other forms of crystalline silica.

11. Toxicological information

Note: Some potential adverse health effects described in the SDS for this product are based on refined asphalt cement, a similar material to native asphalt bitumen. However, it is expected that the native bitumen is less

hazardous because of its composition and physical form. Limestone rock asphalt (LRA) is limestone rock impregnated with native asphalt bitumen; native asphalt bitumen has limited chronic toxicity data.

Primary Routes of Exposure:

Inhalation and contact with the eyes and skin.

Symptoms related to the physical, chemical, toxicological characteristics

Inhalation:

Dusts may irritate the nose, throat and respiratory tract by mechanical abrasion. Coughing sneezing and shortness of breath may occur. Symptoms of silicosis caused by chronic exposure to dust may include (but are not limited to) shortness of breath, difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; right heart enlargement and/or failure. Persons with silicosis have an increased risk of pulmonary tuberculosis infection.

Contains or may release hydrogen sulfide (H₂S) gas when heated. Exposure to H₂S concentrations above the permissible exposure limit causes irritation of the mucous membranes, headache, dizziness, vomiting, coughing, nasal discharge and pulmonary edema. At levels between 500 and 700 ppm, respiratory paralysis, loss of consciousness and possibly death can occur within 30 to 60 minutes. Exposure to higher concentrations can result in immediate death. Repeated exposure to low levels may also cause eye effects including conjunctivitis and corneal injury. There is no evidence that H₂S will accumulate in the body tissue after repeated overexposure.

Eye Contact:

Dust particles can scratch the eye causing tearing, redness, a stinging or burning feeling, or swelling of the eyes with blurred vision.

Skin Contact:

Dust particles can scratch and irritate the skin with redness, an itching or burning feeling, swelling of the skin, and/or rash.

Ingestion:

Expected to be practically non-toxic. Ingestion of large amounts may cause gastrointestinal irritation including nausea, vomiting, diarrhea, and blockage.

Medical Conditions Aggravated by Exposure:

Irritated or broken skin increases chance of contact dermatitis. Pre-existing medical conditions that may be aggravated by exposure include disorders of the eye, skin and lung. Smoking tobacco will impair the ability of the lungs to clear themselves of dust.

Delayed and immediate effects and also chronic effects from short- and long-term exposure:

Prolonged and repeated exposure to asphalt may cause skin disorders such as dermatitis, folliculitis, and acne-like lesions, or more rarely, pigmentation of the skin. Chronic inhalation of high concentrations of asphalt emissions may cause chronic bronchitis and pneumonitis (inflammation of the lungs). In mice, there was damage to the lungs, including bronchitis, pneumonitis, and abscess formation. Guinea pigs and rats showed pneumonitis, peribronchial adenomatosis, and some squamous cell metaplasia. This material contains heavy vacuum distillates/aromatic extract oils. Repeated dermal application of these oils to experimental animals has been reported to cause skin disorders, effects on the liver, thymus and blood forming organs, as well as fetal death and birth defects.

The following information applies to the dried product if it is subjected to mechanical forces (such as demolition or asphalt recycling work), which may generate crystalline silica-containing dust particles:

Prolonged overexposure to respirable dusts in excess of allowable exposure limits can cause inflammation of the lungs leading to possible fibrotic changes, a medical condition known as pneumoconiosis.

Prolonged and repeated inhalation of respirable crystalline silica-containing dust in excess of allowable exposure limits may cause a chronic form of silicosis, an incurable lung disease that may result in permanent lung damage or death. Chronic silicosis generally occurs after 10 years or more of overexposure; a more accelerated type of silicosis may occur between 5 and 10 years of higher levels of exposure. In early stages of silicosis, not all individuals will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms can appear at any time, even years after exposure has ceased.

Repeated overexposures to very high levels of respirable crystalline silica for periods as short as six months may cause acute silicosis. Acute silicosis is a rapidly progressive, incurable lung disease that is typically fatal. Symptoms include (but are not limited to): shortness of breath, cough, fever, weight loss, and chest pain.

Respirable dust containing newly broken silica particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken particles of silica.

There are reports in the literature suggesting that excessive crystalline silica exposure may be associated with autoimmune disorders and other adverse health effects involving the kidney. In particular, the incidence of scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) appears to be higher in silicotic individuals. To date, the evidence does not conclusively determine a causal relationship between silica exposure and these adverse health effects.

Carcinogenicity:

Skin application of asphalt fume condensate fractions caused skin tumors in laboratory mice. When asphalt was dissolved or mixed with a solvent prior to exposing laboratory animals, the carcinogenicity results were weakly positive. The causal agent is thought to be 4 to 6 ring polycyclic aromatic compounds (PAH). Trace amounts of these materials may be present in asphalts and can be generated upon excessive heating. Some PAHs have been identified as causing carcinogenic and reproductive effects. Currently, epidemiological evidence does not support a link between asphalt exposure and human skin cancer.

Repeated breathing of asphalt emissions has not resulted in a carcinogenic response in laboratory animal testing. Although epidemiological studies on asphalt workers have suggested a possible link between asphalt fumes and certain types of cancer, confounding factors such as smoking and concomitant exposure to other agents in the workplace may have influenced the results of these studies. Asphalt is not listed as a carcinogen by the National Toxicology Program (NTP) or the Occupational Safety and Health Administration (OSHA). In 1985, the International Agency for Research on Cancer (IARC) determined that there is inadequate evidence that asphalt alone is carcinogenic to humans. However, IARC states that there is sufficient evidence that extracts (asphalts dissolved in hydrocarbon solvents) are carcinogenic to laboratory animals. Although epidemiological studies on some petroleum products containing polycyclic aromatics suggest the possibility of skin cancer induction in humans, a link between petroleum asphalt exposure and human skin cancer has not been established.

The following information applies to the dried product if it is subjected to mechanical forces (such as demolition or asphalt recycling work), which may generate crystalline silica-containing dust particles:

Epidemiology studies on the association between crystalline silica exposure and lung cancer have had both positive and negative results. There is some speculation that the source and type of crystalline silica may play a role. Studies of persons with silicosis indicate an increased risk of developing lung cancer, a risk that increases with the level and duration of exposure. It is not clear whether lung cancer develops in non-silicotic patients. Several studies of silicotics do not account for lung cancer confounders, especially smoking, which have been shown to increase the risk of developing lung disorders, including emphysema and lung cancer.

In October 1996, an IARC Working Group designated respirable crystalline silica as carcinogenic (Group 1). In 2012, an IARC Working Group re-affirmed that inhalation of crystalline silica was a known human carcinogen. The NTP's Report on Carcinogens, 9th edition, lists respirable crystalline silica as a "known human carcinogen." In the year 2000, the American Conference of Governmental Industrial Hygienists (ACGIH) listed respirable crystalline silica (quartz) as a suspected human carcinogen (A-2). These classifications are based on sufficient evidence of carcinogenicity in certain experimental animals and on selected epidemiological studies of workers exposed to crystalline silica. It is not clear whether lung cancer develops in non-silicotic patients. Several studies of silicotics do not account for lung cancer confounders, especially smoking, which have been shown to increase the risk of developing lung disorders, including emphysema and lung cancer.

Additional information on toxicological-effects:

Note: Because this product is not heated under normal use and working conditions, asphalt emissions (fumes vapors or mists) are expected to be minimal. If product comes in contact with heated surfaces or is heated, emissions may increase. Hazards of dried asphalt products are discussed in Section 11.

Acute toxicity: Not classified

No specific data on product.

Material similar to limestone (calcium carbonate CAS# 471-34-1) has oral LD50 (rats) = 6450 mg/kg.)

Asphalt has oral LD50 (rats) >5g/kg.

Skin corrosion/irritation: Not classified.

Serious eye damage/eye irritation: Not classified.

Respiratory sensitization: Not classified.

Skin sensitization: Not classified.

Germ cell Mutagenicity: Not classified.

Carcinogenicity: May cause cancer (Inhalation).

Reproductive toxicity: Not classified.

Specific target organ toxicity - single exposure: Not classified.

Specific target organ- toxicity – repeated exposure: Causes damage to organs (lung/respiratory system) through prolonged or repeated exposure (inhalation).

Aspiration toxicity: Not classified.

12. Ecological information

Ecotoxicity (aquatic and terrestrial, where available):

No specific data on this product. The asphalt component may cause damage to aquatic organisms.

Persistence and degradability:

Expected to be resistant to biodegradation.

Bioaccumulative potential:

Significant bioaccumulation is unlikely.

Mobility in soil:

Significant migration into the environment is unlikely.

Other adverse effects:

No specific data on this product.

13. Disposal considerations

Safe handling and disposal of waste:

Place contaminated materials in appropriate containers and dispose of in a manner consistent with applicable federal, state, and local regulations. Prevent from entering drainage, sewer systems, and unintended bodies of water. It is the responsibility of the user to determine, at the time of disposal, whether product meets criteria for hazardous waste. Product uses, transformations, mixture and processes, may render the resulting material hazardous.

14. Transport information

UN Number:

Not regulated.

UN Proper shipping name:

Not regulated.

Transport Hazard class:

Not applicable.

Packing group, if applicable:
Not applicable.

Marine pollutant (Yes/No):
Not applicable.

| 15. Regulatory information |
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| Toxic Substances Control Act (TSCA): The components in this product are listed on the TSCA Inventory or are exempt. |
| Comprehensive Environmental Response, Compensation and Liability Act (CERCLA): Releases of this material to water may be reportable to the National Response Center under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) or to state and local emergency planning committees under the Superfund Amendments and Reauthorization Act. It is recommended that you contact state and local authorities to determine if there are any local reporting requirements in the event of a spill. (See Section 6) |
| Superfund Amendments and Reauthorization Act of 1986 (SARA), Title III: <u>Section 302 extremely hazardous substances:</u> None <u>Section 311/312 hazard categories:</u> Delayed Health <u>Section 313 reportable ingredients at or above de minimus concentrations:</u> None |
| California Proposition 65: This product contains a chemical (crystalline silica, bitumen) known to the State of California to cause cancer and birth defects or other reproductive harm. |
| State Regulatory Lists: Each state may promulgate standards more stringent than the federal government. This section cannot encompass an inclusive list or all state regulations. Therefore, the user should review the components listed in Section 2 and consult state or local authorities for specific regulations that apply. |

| 16. Other information |
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| <u>Disclaimer</u> |
| NO WARRANTY IS MADE, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE. |
| Vulcan Materials Company and its subsidiaries and affiliates (“Vulcan”) believe the information contained herein is accurate; however, Vulcan makes no guarantees with respect to such accuracy and assumes no liability whatsoever in connection with the use of any information contained herein by any party. The provision of the information contained herein is not intended to be, and should not be construed as, legal advice or as ensuring compliance with any federal, state, or local laws, rules or regulations. Any party using any information contained herein should review all applicable laws, rules and regulations prior to use. |
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