

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 16-44

CHEMICALS FOR THE CITY OF AURORA  
WATER TREATMENT FACILITY

BID PROPOSAL FORM

**Bid Due Date & Time:** 2:00 p.m. CST, Wednesday, October 19, 2016

To: **City of Aurora**  
**City Clerk's Office**  
**44 E Downer Place**  
**Aurora, Illinois 60507**

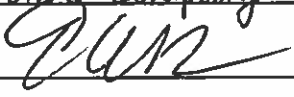
The following offer is hereby made to the City of Aurora, Aurora, Illinois, hereafter called the Owner.

Submitted By: Eric Van Rens

- I. The undersigned Vendor proposes and agrees, after having examined the specifications, quantities and other Bid documents, to irrevocably offer to furnish the materials, equipment and services in compliance with all terms, conditions, specifications and amendments (if applicable) contained in the bid solicitation documents. The items in this Invitation to Bid, including, but not limited to, all required certificates, are fully incorporated herein as a material and necessary part of the Bid.
  - A. The Vendor shall also include with their bid any necessary literature, samples, etc., as required within the Invitation to Bid, Instruction to Bidders and specifications.
  - B. For purposes of this offer, the terms Offeror, Bidder, Contractor, and Vendor are used interchangeably.
- II. In submitting this Offer, the Vendor acknowledges:
  - A. All bid documents have been examined: Instructions to Bidder, Specifications and the following addenda:

No. 1, No. \_\_\_\_\_, No. \_\_\_\_\_, (Vendor to acknowledge addenda here.)
  - B. To be prepared to execute a contract with the City within ten (10) calendar days after approval by Aurora City Council.

Company Name: Mississippi Liner Company

Signature & Date:  10/19/16

**CITY OF AURORA  
INVITATION TO BID 16-44  
CHEMICALS FOR THE CITY OF AURORA  
WATER TREATMENT FACILITY**

**BID PROPOSAL FORM**

Bidders may bid on any or all of the items. **The Agreement term will be for a one-year period with a 2<sup>nd</sup> year extension option**, subject to mutual administrative consent between the City of Aurora and the Bidder. Year 1 will be the period of January 1, 2017 through December 31, 2017. Year 2 will be the period of January 1, 2018 through December 31, 2018. Bidders shall familiarize themselves with the General Conditions, Special Conditions and the delivery destination.

All bids must be submitted on this bid form. The quantities listed are approximate:

**YEAR 1:**

ITEM DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
1. Anhydrous Ammonia	40,000	Lbs.	_____	_____
2. Liquid Ferric Chloride	1,100,000	Lbs.	_____	_____
3. Carbon Dioxide	1,400,000	Lbs.	_____	_____
4. Sodium Hypochlorite	280,000	Gals.	_____	_____
5. Calcium Oxide	5,400	Tons	* <u>\$184.16</u> per ton delivered	<u>\$994,404</u>

**YEAR 2:**

ITEM DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
1. Anhydrous Ammonia	40,000	Lbs.	_____	_____
2. Liquid Ferric Chloride	1,100,000	Lbs.	_____	_____
3. Carbon Dioxide	1,400,000	Lbs.	_____	_____
4. Sodium Hypochlorite	280,000	Gals.	_____	_____
5. Calcium Oxide	5,400	Tons	* <u>\$189.23</u> per ton delivered	<u>\$1,021,842</u>

\* Per ton delivered price is based upon  
truckload deliveries of 25 tons per load

\* COA data is based on daily averages of product.

Your Company's Name Mississippi Lime Company

CITY OF AURORA  
16-44  
CHEMICALS FOR THE CITY OF AURORA  
WATER TREATMENT PLANT  
BID PROPOSAL FORM

The Bidder shall furnish the chemicals, F.O.B. Aurora Water Treatment Plant, 1111 Aurora Avenue, Aurora, Illinois with freight allowed to destination.

The undersigned Bidder proposes to furnish all labor, materials, equipment and services to satisfactorily perform the above referenced contract.

If there is a discrepancy between the unit price and the total, the unit price will prevail. Designate below the telephone number and contact person who is to be notified for shipment request:

☐ Telephone # Chris Smoot  
☑ Contact Person (773) 294-0652

The bid price for material shall include shipping and shall remain firm for the duration of this contract year unless otherwise stated below. The City of Aurora reserves the right to limit quantities to meet the needs of the City.

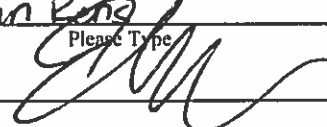
No additional charges over total net bid price will be accepted without written approval of the Purchasing Director.

All bid prices shall be shown as delivered Aurora Destination, Prepaid and Allowed.

Do not add state, federal or local taxes. Municipalities are exempt. Exemption Certification Permit No. Illinois E9996-0842-07.

The City of Aurora reserves the right to reject any or all Bids, or parts thereof, and to waive any technicality, informality or irregularity in the Bids received, and to disregard all nonconforming or conditional Bids or counter-proposals and to hold the best Bids for ninety (90) days from the opening date set forth above. The City further reserves the right to award the Bid to the lowest responsible Bidder whose offer best responds in quality, fitness and capacity to the requirements of the proposed work or usage and therefore is in the best interest of the City.

**BID SUBMITTED BY:**

COMPANY Mississippi Lime Company  
ADDRESS 3870 S. Lindbergh Blvd., Ste 200  
CITY, STATE, ZIP St. Louis, MO 63127  
PREPARER'S NAME Christina Chulka  
Please Type  
CONTRACT PERSON Eric Van Bort  
Please Type  
AUTHORIZED SIGNATURE  Vice President  
Title  
PHONE # (800) 437-6463 FAX # (314) 543-6573 DATE 10/17/16  
EMAIL: Sales@MLC.com

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 16-44

CHEMICALS FOR THE CITY OF AURORA  
WATER TREATMENT PLANT

CONTACT INFORMATION

Vendor shall provide the following contact information assigned to service the City of Aurora account.

Customer Service/General Information: Ph: (800) 437-5463

To place an order:

Name: Customer Service

Ph: (800) 437-5463 Fax: (314) 543-6573

E-mail: customerservice@mlc.com

Billing & Invoicing question:

Name: Barb Toulson

Ph: (314) 543-6358 Fax: (314) 543-6558

E-mail: Bjtoulson@MLC.COM

Questions:

Name: Chris Smoot

Ph: (773) 294-0052 Fax: (314) 543-6538

E-mail: crsmoot@MLC.COM

Bidder's Name: Mississippi Lime Company

Signature & Date:  10/17/16

CITY OF AURORA, ILLINOIS  
INVITATION TO BID 16-44

CHEMICALS FOR THE CITY OF AURORA  
WATER TREATMENT PLANT

REFERENCES

(Please Type)  
Organization City of West Chicago  
Address 475 Main St.  
City, State, Zip West Chicago, IL 60185  
Phone Number 630-293-2255  
Contact Person Joe Munder  
Date of Project on going


\*\*\*\*\*

Organization Town of Normal  
Address 100 E Phoenix Ave.  
City, State, Zip Normal, IL 60176  
Phone Number 309-454-9502  
Contact Person John Burkart  
Date of Project On going

\*\*\*\*\*

Organization City of Des Moines Water Works  
Address 2201 George Flagg Pkwy  
City, State, Zip Des Moines, IA 50321  
Phone Number 515-283-8724  
Contact Person Julia Johnson  
Date of Project On going

\*\*\*\*\*

Bidder's Name: Mississippi Lime Company  
Signature & Date:  10/17/16

**APPENDIX G**

**CONTRACT**

**CITY OF AURORA AGREEMENT FOR  
CHEMICALS FOR THE CITY OF AURORA WATER TREATMENT PLANT  
INVITATION TO BID 16-44**

**THIS AGREEMENT**, entered on this \_\_\_\_\_ day of \_\_\_\_\_, 2016 (“Effective Date”), for the Chemicals for the City of Aurora Water Treatment Plant (“Services”) is entered into between the **CITY OF AURORA** (“City”), a municipal corporation, located at 44 E. Downer Place, Aurora, Illinois and (“Bidder”), located at \_\_\_\_\_.

**WHEREAS**, the City issued an Invitation to Bid (“Bid”) on September 28, 2016 for the Chemicals for the City of Aurora Water Treatment Plant located at 1111 Aurora Avenue, Aurora, IL; and

**WHEREAS**, the Bidder submitted a Bid Proposal in response to the Bid and represents that it is ready, willing and able to perform the Services specified in the Bid and herein as well as any additional services agreed to and described in the Agreement; and

**WHEREAS**, on \_\_\_\_\_, the City awarded a contract to Bidder.

**IN CONSIDERATION** of the mutual promises and covenants herein contained, the parties hereto do mutually agree to the following:

1. **Agreement Documents.** The Agreement shall be deemed to include this document, Bidder’s response to the Bid, to the extent it is consistent with the terms of the Bid, any other documents as agreed upon by the parties throughout the term of this Agreement, along with any exhibits, all of which are incorporated herein and made a part of this Agreement. In the event of a conflict between this Agreement and any exhibit, the provisions of this Agreement shall control.

Invitation to Bid 16-44

In connection with the Bid and this Agreement, Bidder acknowledges that it has furnished and will continue to furnish various certifications, affidavits and other information and reports, which are incorporated herein. Bidder represents that such material and information furnished in connection with the Bid and this Agreement is truthful and correct. Bidder shall promptly update such material and information to be complete and accurate, as needed, to reflect changes or events occurring after the Effective Date of this Agreement.

2. **Scope of Services.** Bidder shall perform the Services listed in the Instructions to Bidders and Special Conditions, attached hereto as Exhibit 1.

3. **Term.** Year 1 of the contract period will be from January 1, 2017 through December 31, 2017. Year 2 of the contract period will be from January 1, 2018 through December 31, 2018.

**BIDDER'S CERTIFICATION**

I/We hereby certify that:

- A. A complete set of bid papers, as intended, has been received, and that I/We will abide by the contents and/or information received and/or contained herein.
- B. I/We have not entered into any collusion or other unethical practices with any person, firm, or employee of the City which would in any way be construed as unethical business practice.
- C. I/We have adopted a written sexual harassment policy which is in accordance with the requirements of Federal, State and local laws, regulations and policies and further certify that I/We are also in compliance with all other equal employment requirements contained in Public Act 87-1257 (effective July 1, 1993) 775 ILCS 5/2-105 (A).
- D. I/We operate a drug free environment and drugs are not allowed in the workplace or satellite locations as well as City of Aurora sites in accordance with the Drug Free Workplace Act of January, 1992.
- E. The Bidder is not barred from bidding on the Project, or entering into this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code, or any similar offense of "bid rigging" or "bid rotating" of any state or the United States.
- F. I/We will abide by all other Federal, State and local codes, rules, regulations, ordinances and statutes.

COMPANY NAME Mississippi Lime Company

ADDRESS 3870 S. Lindbergh Blvd., Ste 200

CITY/STATE/ZIP CODE St. Louis, MO 63127

NAME OF CORPORATE/COMPANY OFFICIAL Eric Van Rens

PLEASE TYPE OR PRINT CLEARLY

TITLE Vice President

AUTHORIZED OFFICIAL SIGNATURE 

DATE 10/17/16


TELEPHONE (500) 437-54103

FAX No. (314) 543-0573

Subscribed and Sworn to

Before me this 17<sup>th</sup> day

of October, 2016

  
Notary Public



CHRISTINA MARIE CHULKA  
My Commission Expires  
February 2, 2020  
St. Louis City  
Commission #16373965



)  
) ss.  
)

**BIDDER'S TAX CERTIFICATION**

(BIDDER'S EXECUTING OFFICER), being first duly sworn on oath, deposes and states that all statements made herein are made on behalf of the BIDDER, that this despondent is authorized to make them and that the statements contained herein are true and correct.

Bidder deposes, states and certifies that Bidder is not barred from contracting with any unit of local government in the State of Illinois as result of a delinquency in payment of any tax administered by the Illinois Department of Revenue unless Bidder is contesting, in accordance with the procedures established by the appropriate statute, its liability for the tax or the amount of the tax, all as provided for in accordance with 65 ILCS 5/11-42.1-1.


DATED this 17<sup>th</sup> day of October, 2016.

By   
(Signature of Bidder's Executing Officer)

Eric Van Rens  
(Print name of Bidder's Executing Officer)

Vice President  
(Title)

ATTEST/WITNESS:

By   
Title DIRECTOR-SALES

Subscribed and sworn to before me this 17<sup>th</sup> day of October, 2016.

  
Notary Public

(SEAL)



CHRISTINA MARIE CHULKA  
My Commission Expires  
February 2, 2020  
St. Louis City  
Commission #16373965

4. **Compensation.**

a. **Maximum Price.** In accordance with the Bidder's Bid, the maximum price for providing the Services shall be:

<u>Item</u>	<u>Unit Price</u>	<u>Contract Period</u>
<u>Calcium Oxide</u>	<u>\$184.16</u> per ton delivered	January 1 through December 31, 2017
<u>Calcium Oxide</u>	<u>\$189.23</u> per ton delivered	January 1 through December 31, 2018

Price shall remain firm for the entire contract period.

b. **Schedule of Payment.** The City shall pay the Bidder for the Services in accordance with the amounts set forth in Exhibit 2. The Bidder shall be required to submit an itemized invoice as well as any supporting documentation as required by the City. Payment shall be made upon the basis of the approved invoices and supporting documents. The City shall utilize its best efforts to make payment within forty-five (45) days after approval of the invoice. Each invoice shall be accompanied by a statement of the Bidder of the percentage of completion of the Services through the date of the invoice.

5. **Performance of Services.**

**Standard of Performance.** Bidder shall perform all Services set forth in this Agreement, and any other agreed documents incorporated herein, with the degree, skill, care and diligence customarily required of a professional performing services of comparable scope, purpose and magnitude and in conformance with the applicable professional standards. Bidder shall, at all times, use its best efforts to assure timely and satisfactory rendering and completion of the Services. Bidder shall ensure that Bidder and all of its employees or subcontractors performing Services under this Agreement shall be: (i) qualified and competent in the applicable discipline or industry; (ii) appropriate licensed as required by law; (iii) strictly comply with all City of Aurora, State of Illinois, and applicable federal laws or regulations; (iv) strictly conform to the terms of this Agreement. Bidder shall, at all times until the completion of the Services, remain solely responsible for the professional and technical accuracy of all Services and deliverables furnished, whether such services are rendered by the Bidder or others on its behalf, including, without limitation, its subcontractors. No review, approval, acceptance, nor payment for any and all of the Services by the City shall relieve the Bidder from the responsibilities set forth herein.

6. **Termination.**

**Termination for Convenience.** The City has the right to terminate this Agreement, in whole or in part, for any reason or if sufficient funds have not been appropriated to cover the estimated requirement of the Services not yet performed, by providing Bidder with thirty (30) days notice specifying the termination date. On the date specified, this Agreement will end. If this Agreement is terminated by the City, as provided herein, the City shall pay the Bidder only for services performed up to the date of termination. After the termination date, Bidder has no further contractual claim against the City based upon this Agreement and any payment so made to the Bidder upon termination shall be in full satisfaction for Services rendered. Bidder shall deliver to the City all finished and unfinished documents, studies and reports and shall become the property of the City.

7. **Miscellaneous Provisions.**

a. **Illinois Freedom of Information Act.** The Bidder acknowledges the requirements of the Illinois Freedom of Information Act (FOIA) and agrees to comply with all requests made by the City of Aurora for public records (as that term is defined by Section 2(c) of FOIA in the undersigned's possession and to provide the requested public records to the City of Aurora within two (2) business days of the request being made by the City of Aurora. The undersigned agrees to indemnify and hold harmless the City of Aurora from all claims, costs, penalty, losses and injuries (including but not limited to, attorney's fees, other professional fees, court costs and/or arbitration or other dispute resolution costs) arising out of or relating to its failure to provide the public records to the City of Aurora under this agreement.

b. **Entire Agreement.** This Agreement, along with the documents set forth in Section 1 and incorporated by reference elsewhere in this Agreement, with consent of the parties, represents the entire agreement between the parties with respect to the performance of the Services. No other contracts, representations, warranties or statements, written or verbal, are binding on the parties. This Agreement may only be amended as provided herein.

c. **Consents and Approvals.** The parties represent and warrant to each other that each has obtained all the requisite consents and approvals, whether required by internal operating procedures or otherwise, for entering into this Agreement and the undertakings contemplated herein.

d. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be an original, but all of which shall constitute one and the same instrument.

FOR CITY OF AURORA

By: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
City Clerk

FOR \_\_\_\_\_

By \_\_\_\_\_

(SEAL)

(CORPORATE SEAL)

AS IN THE PAST, TO BE COMPLETED UPON AWARD OF BUSINESS

(If a Corporation) CORPORATE NAME \_\_\_\_\_

(SEAL)

By \_\_\_\_\_  
President – Contractor

ATTEST:

\_\_\_\_\_  
Secretary

(If a Co-Partnership)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Partners doing Business under the firm

\_\_\_\_\_  
Contractor

(If an Individual) \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
Contractor (SEAL)

**CITY OF AURORA**  
**CHEMICALS FOR THE CITY OF AURORA WATER TREATMENT PLANT**  
**INVITATION TO BID 16-44**

**EXHIBIT 1**

**(INVITATION TO BID)**

**CITY OF AURORA**  
**CHEMICALS FOR THE CITY OF AURORA WATER TREATMENT PLANT**  
**INVITATION TO BID 16-44**

**EXHIBIT 2**

**(BID PROPOSAL FORM 16-44)**

**APPENDIX H**

**VENDOR APPLICATION PACKET**



**PURCHASING DIVISION**

44 East Downer Place  
Aurora, Illinois 60507

(630) 256-3550 (phone)

(630) 256-3559 (fax)

**VENDOR APPLICATION FORM**

Please fill in all spaces, Insert "NA" in blocks not applicable.  
TYPE OR PRINT ALL ENTRIES.

Date: 10/17/16

COMPANY <u>Mississippi Lime Company</u>		HOW LONG IN PRESENT BUSINESS? <u>100+ Years</u>	
ADDRESS <u>3870 S. Lindbergh Blvd. Ste 200 St. Louis</u>		CITY <u>St. Louis</u>	STATE <u>MO</u>
CONTACT PERSON <u>Eric Van Rens</u>		PHONE AND EXTENSION <u>(800) 437-5463</u>	FAX NUMBER <u>(314) 543-4573</u>
EMAIL ADDRESS			

TYPE OF ORGANIZATION (Check Applicable)		If Incorporated, indicate in which State	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<u>Missouri</u>

Year Established: <u>1902</u>	Number of Employees working in Aurora: <u>Ø</u>
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CATEGORY (Check below the category which applies to the applicant)

<input checked="" type="checkbox"/> (A) Manufacturer or Producer	<input type="checkbox"/> (C) Retailer	<input type="checkbox"/> (E) Distributor
<input type="checkbox"/> (B) Wholesaler	<input type="checkbox"/> (D) Manufacturer's Agent	<input type="checkbox"/> (F) Service Establishment

TYPE OF PRODUCT/SERVICE REQUESTING TO BID ON:  
Calcium Oxide

NAMES OF OFFICERS, MEMBERS OR OWNERS OF CONCERN, PARTNERSHIP, ETC.

(A) PRESIDENT <u>William H. Ayers</u>	(B) VICE PRESIDENT <u>Eric Van Rens</u>
(C) SECRETARY	(D) TREASURER <u>A.J. Henken</u>
(E) OWNERS OR PARTNERS	
(F) IF (A) THRU (E) EMPLOYED BY STATE OR LOCAL GOVERNMENT STATE UNIT OF GOVERNMENT	

TAXPAYER'S I.D. NO.	INSURANCE INFORMATION (Check Applicable)
FEIN <u>37-0183345</u>	LIABILITY INSURANCE: \$1,000,000 \$2,000,000 \$5,000,000 Other
or	Minimum acceptable limits are \$1M per occurrence, \$2M general aggregate (some projects/bids may also require higher limits and/or excess liability coverage).
S.S. No. _____	It is required that the City of Aurora be named as a primary, non-contributory additional insured.
Completed W-9 Form required	Insurance Co. <u>See attached</u>
	Attach a copy of your current certificate of insurance

PERSON(S) AUTHORIZED TO SIGN QUOTES, PROPOSALS, BIDS AND CONTRACTS:

NAME	OFFICIAL CAPACITY
<u>Eric Van Rens</u>	<u>Vice President</u>



**MINORITY/WOMEN/DISABLED BUSINESS**

N/A

The City of Aurora has established a Procurement Development Program designed to encourage city procurement from businesses owned by minorities, women, and disabled persons (MWDP).

Please enclose a current copy of your minority status certification from one of the below agencies with this application to register as a minority group member.

- Illinois Unified Certification Program
- Illinois Department of Central Management Services (CMS) Business Enterprise Program
- Illinois Department of Transportation
- Women's Business Development Center

**MINORITY GROUP MEMBER** Please check the applicable box(es).

**NOTE:** Do not complete this section unless you have attached a certification from one of the listed agencies.

Minority Business Enterprise

Women Business Enterprise

Disabled Business Enterprise

The City of Aurora also recognizes procurement actions with self-declared (non-certified) MWDP businesses. Please check the applicable box below.

- African American   
  Hispanic American   
  Native American   
  Asian-Pacific American  
 Women-Owned   
  Disabled

N/A

**References:** Please provide name, address and phone number of references.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*[Handwritten Signature]* 10/17/16

Signature of Person Authorized to Sign this Application

*Eric Van Bens - VP*

Name and Title of Person Signing (Type or Print)

**USE BY CITY OF AURORA ONLY**

<b>VENDOR NUMBER:</b>	<b>APPROVED BY:</b>	<b>DATE:</b>
<b>COMMODITY CODE:</b>	<b>MINORITY STATUS:</b>	



CITY OF LIGHTS

THOMAS J. WEISNER  
Mayor

Purchasing Division | Finance Department

Joan M. Schouten  
Director of Purchasing

CITY OF AURORA  
PURCHASE ORDER REQUIREMENT POLICY  
ACKNOWLEDGEMENT FORM

I/we hereby acknowledge and will comply with the following *Purchase Order Requirement Policy* of the City of Aurora.

*All properly authorized purchases of the City of Aurora must be evidenced by the issuance of a purchase order. A city purchase order number must be reflected on a vendor's invoice in order to ensure that purchases are made by authorized individuals for appropriate municipal purposes.*

*Any invoice received by the City of Aurora which is not supported by a purchase order will not be accepted as a valid city obligation. The invoice will be returned to the vendor without the city processing it for payment. This policy does not restrict city employees from making purchases on behalf of the city government with a credit card.*

*Notwithstanding the above, a city employee may make emergency purchases during non-business hours (i.e., without a purchase order) when goods or services are "urgently and imminently necessary for the preservation of life, health, and property." Prior to allowing an emergency purchase on behalf of the city, a vendor must obtain authorization from a member of the city's Purchasing Division Staff:*

Purchasing Division 630-256-3550  
Joan Schouten 630-688-0245  
Jolene Coulter 708-846-8811

Company Name: Mississippi Lime Company

Address: 3870 S. Lindbergh Blvd., Ste 200

City: St. Louis State: MO Zip: 63127

Phone: (800) 437-9443 Contact: Eric Van Rens / Chris Smoot

Signature: [Signature] Date: 10/17/16

Print Name: Eric Van Rens - VP

If you desire to receive purchase orders electronically, please provide your email address below:

Email Address: Sales@mlc.com

Invoices may be submitted to the city's Purchasing Division via email to: **PurchasingDL@aurora-il.org**.

City of Aurora, Purchasing Division  
44 East Downer Place  
Aurora, Illinois 60507  
Fax: 630-256-3559  
Email: [PurchasingDL@aurora-il.org](mailto:PurchasingDL@aurora-il.org)

Electronic Funds Transfer Agreement

N/A  
\* Already set up

THE CITY OF AURORA (Purchaser) agrees to remit payment(s) to \_\_\_\_\_  
(Seller) through electronic funds transfer (EFT) in accordance to the following terms and conditions:

1. This form is solely for authorization to remit payments via EFT in accordance with the National Automated Clearing House Association's Corporate Trade Payment Rules.
2. In order to ensure timely and accurate application of each EFT payment, you must submit your Bank Name, Account Name, Account Number, ABA Number, Account Type, and email for remittance notification.
3. The Purchaser will use CCD format with addendum information to the Seller's financial institution. If unable to transmit addendum information, remittance detail will be sent to the email address identified on this form.
4. The Purchaser will provide email notification to the email address provided by Seller to help ensure each EFT submitted is accurately and promptly applied to the appropriate invoice(s).
5. Although submitting payment EFT, Purchaser's payment terms will remain the same in accordance to the Illinois Local Government Prompt Payment Act, except that Purchaser shall not be liable for payments not made within the allotted time due to Seller's bank inability to receive EFT payments, including, without limitation, bank computer software/hardware related issues.
6. Any cash discount period shall extend to the date that the invoice is paid.
7. All EFT transactions will be for credit to City of Aurora account(s) only. Adjustments may be made against payments to compensate for payments made in error.
8. Either Purchaser or Seller may terminate the use of EFT by written notice to the other at least thirty (30) days before the desired termination date.
9. Written notice to Purchaser shall be addressed to:

CITY OF AURORA  
 44 E. Downer Place  
 Aurora, IL 60507  
 Attention: Joan M. Schouten, Director of Purchasing

Written notice to Seller shall be addressed to:

Eric Van Rens      3870 S. Lindbergh Blvd. Ste 000      (800) 437-5463  
 (Contact Name)      (Address)      St. Louis, MO 63127      (Phone)

10. Seller Bank Information:

A voided check or bank paperwork showing the bank name, routing number, account name and account number into which the funds are to be deposited **is required**. Deposit slips are not acceptable.

Email for remittance notification: \_\_\_\_\_

City of Aurora Account No. with your institution (if applicable): \_\_\_\_\_

11. Seller Contact Information:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

If you are able to meet all of the EFT requirements and you would like to proceed with being set-up via EFT payment, please sign and date below.

Agreed to:

Agreed to:

\_\_\_\_\_  
 (Seller – Company Name)

City of Aurora  
 (Purchaser)

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

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

\_\_\_\_\_  
 (Print Name)

Joan M. Schouten  
 (Print Name)

Date \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** Occasionally certain payments to the Seller may be used by the Purchaser to acquire reimbursements from a third party such as the Federal government. By signing this agreement, the Seller agrees, upon the Purchaser’s request, to provide a notarized letter which is an acceptable proof of payment, noting the time of service, payment amount and project, if any.

**REQUIRED:** Please ensure you attach a voided check or bank paperwork showing the bank name, routing number, account name and account number into which the funds are to be deposited. Deposit slips are not acceptable.

For Purchasing Use Only	
Vendor No.	
Entered by:	

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <i>Mississippi Lime Company</i>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see Instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <i>3870 S. Lindbergh Blvd., Ste 200</i>		Requester's name and address (optional)
City, state, and ZIP code <i>St. Louis, MO 63127</i>		<i>CITY OF AURORA, ILLINOIS 44 E DOWNER PLACE AURORA, IL 60507-2067</i>
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

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**Employer identification number**

3	7	-	0	1	8	3	3	6	5
---	---	---	---	---	---	---	---	---	---

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <i>10/17/10</i>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.



# CERTIFICATE OF LIABILITY INSURANCE

5/1/2017

DATE (MM/DD/YYYY)  
5/2/2016

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 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).

<b>PRODUCER</b> Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext):		<b>FAX</b> (A/C, No):
	<b>E-MAIL ADDRESS:</b>		
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
		<b>INSURER A:</b> ACE American Insurance Company (1) 22667	
		<b>INSURER B:</b> ACE Property & Casualty Insurance Co 20699	
		<b>INSURER C:</b> Illinois Union Insurance Company 27960	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	


**COVERAGES HBMHO**      **CERTIFICATE NUMBER: 11568010**      **REVISION NUMBER: XXXXXXXX**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	HDOG27404522	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Auto PD <input checked="" type="checkbox"/> is Self-Insured	N	N	ISAH08867689	5/1/2016	5/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED   RETENTION \$	N	N	M00982143 001	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	<input checked="" type="checkbox"/> 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	WLRC48600682	5/1/2016	5/1/2017	<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	<input checked="" type="checkbox"/> POLLUTION LEGAL LIABILITY	N	N	PPLG27167561002	5/1/2016	5/1/2017	\$10,000,000 PER POLLUTION CONDITION \$20,000,000 POLICY AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 CITY OF AURORA IS ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS UNDER GENERAL LIABILITY AS REQUIRED BY WRITTEN CONTRACT.

**CERTIFICATE HOLDER****CANCELLATION**

<b>11568010</b>  CITY OF AURORA 44 E. DOWNER PLACE AURORA IL 60507	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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MISSISSIPPI®  
LIME

# Standard Quicklime

## Granular Calcium Oxide

Discovering what's possible with calcium

TECHNICAL DATA SHEET

### PRODUCT DESCRIPTION

Granular Standard Quicklime is a high calcium oxide produced and sold in several sizes. Granular Quicklime is used in flue gas desulfurization, water and waste water treatment, steel, paper, chemical, and environmental applications.

TYPICAL CHEMICAL PROPERTIES	
CaO - Total	97.0%
CaO - Available	94.0%
LOI	0.75%
Acid Insoluble Substances	0.6%
MgO	0.75%
Al <sub>2</sub> O <sub>3</sub>	0.11%
Fe <sub>2</sub> O <sub>3</sub>	0.11%
SiO <sub>2</sub>	0.7%
S	0.05%
P <sub>2</sub> O <sub>5</sub>	80 ppm
MnO	23 ppm

TYPICAL PHYSICAL PROPERTIES	
Specific Gravity	3.3
pH	12.4
BET Surface Area	2.0 m <sup>2</sup> /g
Apparent Dry Bulk Density - Loose	40 lbs./ft <sup>3</sup>
Apparent Dry Bulk Density - Packed	60 lbs/ft <sup>3</sup>
Reactivity 30 sec.	33°C
Reactivity 180 sec.	53°C
Total Temperature Rise	55°C
Total Reactivity Time	240 sec
Reactivity: 30 mesh residue	1.0%

- ✓ Meets the AWWA standard B202-02
- ✓ Meets AASHTO standard M216-05
- ✓ Certified to NSF standard 60
- ✓ Certified to ASTM standards:
- ✓ C977-03, C911-06, C602-06a,
- ✓ C821-78, C5-03

PRODUCT SIZE GRADATION
Top 3/8" – Bottom 0"



Telephone: 800.437.5463  
Contact: sales@mississippilime.com  
Web site: www.mississippilime.com

All information provided and recommendations made herein are intended to assist customers in determining whether our products are suitable for their applications. We request that customers inspect and test our products before use in order to make their own final decision regarding suitability. We do not guarantee results, freedom from patent infringement, or suitability of resultant products for any suggested application with respect to the use of any formula or material described herein.

# MISSISSIPPI LIME COMPANY - SAFETY DATA SHEET

Section 1: Identification								
<b>Calcium Oxide - CaO</b>								
<b>Product Line</b>	MicroCal – OF100, OF200, OF325, OFT15, OST 15; PolyCal – OFT15, OF325, OS325; PetroCal - OF100, OS100; Standard Quicklime – Granular, ½", 1", 2", 2X1, Pulverized, Flow Treated, CG; VitaCal O							
<b>Product Uses</b>	Steel industry, Chemical industry, Environmental applications (e.g. flue gas treatment, waste water treatment, pH adjustment, sludge treatment), Drinking water treatment, Soil stabilization, Specialty products.							
<b>Manufacturer</b>	<b>Mississippi Lime Company 16147 US Highway 61, Ste Genevieve, MO 63670</b>							
<b>24 Hour Emergency Contact Number: (800) 437-5463</b>								
Section 2: Hazard(s) Identification								
<b>Signal Word</b>	<b>DANGER !</b>							
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>NFPA</p> </div> <div style="text-align: center;"> <p>HMS</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="padding: 2px;">HEALTH - 3</td></tr> <tr><td style="padding: 2px;">FLAMMABILITY - 0</td></tr> <tr><td style="padding: 2px;">PHYSICAL HAZ - 1</td></tr> <tr><td style="padding: 2px;">PER. PROTECTION- E</td></tr> </table> </div> </div>					HEALTH - 3	FLAMMABILITY - 0	PHYSICAL HAZ - 1	PER. PROTECTION- E
HEALTH - 3								
FLAMMABILITY - 0								
PHYSICAL HAZ - 1								
PER. PROTECTION- E								
<b>DESCRIPTION</b>	HARMFUL IF SWALLOWED OR INHALED. CAUSES BURNS TO SKIN AND EYES. CAUSES SEVERE IRRITATION TO RESPIRATORY TRACT.							
<b>Hazard</b>	H 315: Causes skin Irritation. H 318: Causes serious eye damage. H 335: May cause respiratory irritation							
<b>Precautionary Statements</b>	<p><u>PREVENTION</u></p> P 102: Keep out of reach of children. P 261: Avoid breathing dust. P 280: Wear protective gloves/protective clothing/eye protection/face protection. P 402: Store in dry place. P 501: Dispose of contents/container in accordance with ...regulations. <p><u>RESPONSE</u></p> P 302 + P 352: IF ON SKIN: Wash with plenty of soap and water. P 304 + P 340: IF INHALED: Remove victim to fresh air and keep at rest and comfortable. P 305 + P 351: IF IN EYES: Rinse cautiously with water for several minutes. P 305 + P 337 + P 313: IF IN EYES: If eye irritation persists, Get medical advice/attention P 301 + P 330 + P 331: IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.							
<b>WHMIS</b>	Products containing Crystalline Silica are Class D2B - Toxic, and containing Calcium Oxide are Class E - Corrosive.							
<b>ECHA</b>	Classification of substance (Regulation (EC) No 1272/2008): Skin Corrosion/Irritation (Category 1C); Serious eye damage/Irritation (Category 1)							
<b>OTHER</b>	In contrast to the dry form itself, calcium oxide, when diluted with water, will release heat and cause severe skin and eye damage (alkaline burns) with prolonged contact. Exothermic heat released can ignite combustible paper and rubber.							
Section 3: Composition/Information on Ingredients								
Ingredient	CAS ID	EC ID		Concentration				
Calcium Oxide - CaO	01305-78-8	215-138-9		93.0 to 98.5%				
Calcium Carbonate	1317-65-3	207-439-9		0.30 to 4.0 %				
Calcium Sulfate	07778-18-9	231-900-3		0.04 to 0.5%				
Magnesium Oxide	01309-48-4	215-171-9		0.53 to 4.0%				
Silica (SiO2)	14808-60-7	238-878-4		0.2 - 2.0%				
Crystalline Silica (SiO2)	14808-60-7	238-878-4		<0.10				
Crystalline silica has been identified in some products at or above detection level (<0.1%). Product quality variability dependent upon the stone source and calcining process.								



# MISSISSIPPI LIME COMPANY - SAFETY DATA SHEET

<b>Section 4: First-Aid Measures</b>						
<b>Eye Contact</b>	Irritation - Irrigate eyes with water immediately for at least 15 minutes. Consult a doctor.					
<b>Skin Contact</b>	Irritation - Wash affected area with water. Change out of contaminated clothing when practical.					
<b>Ingestion</b>	Wash mouth and drink copious quantities of water. Do not induce vomiting. Consult a doctor.					
<b>Inhalation</b>	Irritation - Move victim to fresh air and treat for discomfort. Consult a doctor if difficult breathing.					
<b>Medical</b>	Treat symptomatically. Consult physician except for minor exposure.					
<b>Section 5: Fire-Fighting Measures</b>						
<b>Flammability</b>	Nonflammable and noncombustible.					
<b>Extinguishing Media</b>	Use dry powder, foam or CO2 extinguishers to fight surrounding fire.					
<b>Special hazards</b>	Water will react with lime releasing exothermic heat.					
<b>Advice for fire-fighters</b>	Wear appropriate personal protective equipment.					
<b>Section 6: Accidental Release Measures</b>						
<b>Precautions</b>	Avoid contact with skin and eyes and keep dust levels to a minimum. Ensure adequate ventilation and/or suitable respiratory protective equipment (Section 8).					
<b>Environmental</b>	Control and minimize releases to watercourses and storm drains. Notify Environmental agencies of significant spillage into water.					
<b>Containment</b>	Contain spillage and keep material dry and covered if possible to minimize dust hazard.					
<b>Clean-up</b>	Keep material dry if possible. Use vacuum systems, if available, and/or broom and shovel. Use salvage drums for dry and wet collection.					
<b>Disposal</b>	Check Federal State and Local restrictions or recycle and reuse for beneficial applications.					
<b>Section 7: Handling and Storage</b>						
<b>Precautions for Safe Handling</b>	Avoid excessive dust in work area and ensure adequate ventilation. Use dust mask when appropriate. Avoid contact with skin and eyes. Use appropriate eye protection. Avoid extended contact with skin and clothing. Avoid ingestion and contact with food.					
<b>Precautions for Safe Storage</b>	Keep product dry and bags and containers stored in dry and well-ventilated location place. Store bulk in dry properly designed bins and silos. Keep out of reach of children. Calcium oxide will react with water and strong acids. Keep away from nitro compounds and contact with paper and straw.					
<b>Section 8: Exposure Control / Personal Protection</b>						
Ingredient	CAS	Concentration	Exposure Limit (mg/m)			
Calcium Oxide CaO	1305-78-8	98-100%	OSHA PEL (TWA) 8/40h	ACGIH TLV (TWA) 8/40h	MSHA/PEL (TWA) 8/40h	NIOSH REL (TWA) 10/40H
			5 T / 2 R	2	5	2
Crystalline Silica SiO2	14808-60-7	0 - 0.1% or 0.1 - 0.5%	T= 30(%SiO2)+2 R=10/(%SiO2)+2	R = 0.025	T= 30 (%SiO2)+2 R=10 / (%SiO2)+2	R = 0.05
Crystalline silica has been identified in some products at or above detection level (<0.1%). Variability is dependent upon the stone source and calcining process. Two ranges are disclosed for Total Dust (T) & Respirable Dust (R).						

# MISSISSIPPI LIME COMPANY - SAFETY DATA SHEET

## Section 8: Exposure Control / Personal Protection (continued)

Derived No Effect Lvl (DNEL):	Predict No Effect Con (PNEC):	Biological Limit
No information available	No information available	Not established by ACGIH or manufacturer
<b>Engineering Control Measures</b>	<b>Ventilation</b> - Ensure adequate ventilation in workplace - especially in confined areas. Evaluate degree of exposure and apply appropriate PPE as necessary.	
	<b>Dust Control</b> - Use exhaust ventilation (dust collector) or other engineering controls at handling points to keep airborne levels below recommended exposure limits and/or wear personal protective equipment.	
	<b>Eye Wash</b> - Keep emergency eye wash supplies at the workplace.	
<b>Personal Protective Equipment</b>	<b>Eye Protection</b> - ANSI, CSA or ATM approved glasses with side-shields. Tight fitting dust goggles should be worn when excessive (visible) emissions are present. Do not wear contact lenses without tight fitting goggles when handling this product.	
	<b>Hand Protection</b> - Wear dry protective gloves and apply barrier cream as required.	
	<b>Skin Protection</b> - Cover skin to minimize direct contact.	
	<b>Footwear</b> - Boots resistant to alkaline material. Prevent dust penetration into socks and boots.	
	<b>Respiratory Protection</b> - Follow OSHA respirator guidelines found in 29 CFR 1910.134 or European Standard EN 149. Use NIOSH/MSHA or European Standard EN 149 approved respirators if exposure threshold limits are exceeded or irritation is experienced.	
<b>Hygiene</b>	Handle product in accordance with good industrial hygiene and safety practice. Wear clean, dry personal protective equipment. Barrier cream will reduce dryness and irritation. Heavily exposed workers should shower immediately and apply barrier cream to neck, face and wrists.	
<b>Environmental</b>	Ventilation systems should be filtered before discharge to atmosphere.	

## Section 9: Physical and Chemical Properties

<u>Physical State</u>	<u>Formula</u>	<u>Color</u>	<u>Stability</u>	<u>Flammability</u>	<u>Explosivity</u>	<u>Flash Pt</u>
Solid /Powder	CaO	Off- white	Stable	Non-flammable	Non-explosive	Non-Combustible
<u>Solubility(H<sub>2</sub>O)</u>	<u>Volatiles</u>	<u>Density</u>	<u>Bulk Density</u>	<u>Specific Gravity</u>	<u>Vapor Press</u>	<u>Boiling Pt.</u>
1650mg/L 20C	0%	700-1300 kg/m <sup>3</sup>	720-1200 kg/m <sup>3</sup>	3.2-3.4 g/cm <sup>3</sup>	Non-volatile	Not Applicable
<u>Freezing Point</u>	<u>pH @ (25C)</u>	<u>Melting Pt.</u>	<u>Self Ignition T</u>	<u>Dust Defrag Kst</u>	<u>Vapor Density</u>	<u>Viscosity</u>
Not Applicable	12.45	2570-2625 C	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<u>Partition CoeF</u>	<u>Odor</u>	<u>Odor Threshold</u>	<u>Decomposition</u>	<u>Evap Rate</u>	<u>Additives</u>	<u>Reactivity</u>
Not Applicable	Odorless	Not Applicable	540 °C 1076 °F	Not Applicable	None	Yes

## Section 10: Stability and Reactivity

<b>Reactivity</b>	Reacts with water and strong acids to form calcium based compounds and release heat. Explosive when mixed with nitro organic compounds.
<b>Stability</b>	Moisture and air sensitive
<b>Hazardous</b>	Exothermic reaction to water
<b>Incompatibility</b>	Water, strong acids, phosphorus, malefic anhydride, nitro methane, nitro ethane, nitro-paraffins, nitro propane, boron tri-fluoride, chlorine tri-fluoride, ethanol, fluorine, hydrogen fluoride, phosphorous pent oxide some metals, CO <sub>2</sub> .
<b>Decomposition</b>	Decomposition products include nonhazardous calcium hydroxide and calcium carbonate

# MISSISSIPPI LIME COMPANY - SAFETY DATA SHEET

<b>Section 11: Toxicological Information</b>	
<b>Acute</b>	Routes of Entry - Skin Contact, Eye Contact, Acute Inhalation, Ingestion
<b>Skin</b>	Potentially hazardous. Causes severe irritation of mucous membranes and wet skin. The extent of damage depends on amount and duration of contact. Long sleeve clothing and gloves recommended.
<b>Eyes</b>	Extremely hazardous in eye contact (corrosive/irritant). Possible lesions and blindness if untreated for prolonged period.. Wear appropriate eye protection and avoid wearing contact lenses - Eye irritation Standard Draize (Rabbit) - 10 mg/24 hr - Severe; investigated as a mutagen .
<b>Inhalation</b>	Symptoms - Nose, oral cavity and throat irritation, coughing and sneezing, and inflammation of breathing passages, ulceration and perforation of nasal septum, bronchitis, possible pneumonia. The extent of damage depends on amount inhaled. Wear appropriate dust mask
<b>Ingestion</b>	Intense burning and edema of digestive tract, abundant salivation, difficulties in swallowing and breathing, vomiting blood, drop in blood pressure and possible perforation of esophagus or stomach irritation and pain, vomiting, diarrhea, drop in blood pressure. Extent of damage depends on amount ingested. Rat LD50 Oral >500 mg/kg
<b>Sensitization</b>	No sensitizing effects known.
<b>Chronic</b>	Contact dermatitis.
<b>Carcinogenicity</b>	Calcium oxide is not listed as a carcinogen by ACGIH, MSHA, OSHA, NTP, DFG, RSST or IARC; however this product may contain trace amounts of Crystalline Silica listed by those agencies as a known, potential or suspected carcinogen.
<b>Section 12: Ecological Information</b>	
Toxicity - Freshwater Fish - LC 50 (96 hours) 1070 mg/L	
Persistence and degradability - No information available.	
Ecological information - Not relevant information available.	
Bio accumulative potential - Material not expected to significantly bioaccumulation.	
Mobility in soil - No information available.	
PBT and vPvB assessment - No information available.	
Additional information - Product generally not hazardous for water. Frequently used for public water supply treatment.	
<b>Section 13: Disposal Considerations</b>	
Recover uncontaminated product where possible and reutilize or recycle for other beneficial purposes.	
Do not dispose of unused products as a solid waste unless fully reacted. Bags containing quicklime residue may ignite if stored in wet confined storage bins or dumpsters.	
Dispose of waste lime in onsite lime pits, dump areas and allow to react (slake or hydrate). Transfer to approved landfills for disposal as "special waste" in accordance with Federal, state and local requirements.	
Processing, use or contamination of this product may change the waste profile characteristics and waste management options. Although not a listed RCRA hazardous waste, calcium oxide may exhibit high alkalinity and require refined analysis to determine specific disposal requirements.	
<b>Section 14: Transport / Shipping Information</b>	
Calcium Oxide is classified as non-hazardous for ground transportation by the US Department of Transportation (172.101(b)(2); ADR, AND RID; however Air restrictions APPLY.	
UN Number - 1910	UN Proper Shipping Name - Calcium Oxide
DOT Hazard Class - 8	Packing Group Number - III
International Marine Dangerous Goods (IMDG) - Not Subject	IATA - Subject to Restrictions 25 kg/package
Regulations governing the carriage of chemicals by ship are contained in the International Convention for the Safety of Life at Sea (SOLAS) and the International Convention for the Prevention of Marine Pollution from Ships, as modified by the Protocol of 1978 relating thereto ( MARPOL 73/78 ).	

# MISSISSIPPI LIME COMPANY - SAFETY DATA SHEET

<b>Section 15: Regulatory Information</b>	
<b>TSCA/DSL</b>	Toxic Substance Control Act, Canada DSL and most International Chemical Inventories - <b>Listed</b>
<b>SARA 302/304</b>	Emergency Planning and Release Notification - <b>Not Listed</b>
<b>SARA 311</b>	Hazard Categories (40 CFR 370) - Regulated under OSHA HazCom - <b>Acute &amp; Chronic</b>
<b>SARA 312</b>	Emergency Planning and Release Notification - <b>Not Listed</b>
<b>SARA 313</b>	Toxic Release Inventory (TRI) Chemical List - <b>No reporting requirement</b>
<b>CERCLA</b>	Hazardous Substances (Table 302.4) - <b>Not Listed</b>
<b>RCRA</b>	Hazardous Waste Number and Classification - <b>Not Listed or Classified</b>
<b>WASTE</b>	Generally accepted at landfills as a "special waste" if fully reacted. Product can often be beneficially reused or recycled for other purposes. Lime may be classed as hazardous waste in some states.
<b>CONEG</b>	Council of NE Governors - Materials and inks used to manufacture packaging - <b>Compliant</b>
<b>CWA 311</b>	CWA list of hazardous substances- <b>Not Listed</b> . Contains alkaline material potentially toxic to aquatic life at high concentrations.
<b>SPILLS</b>	Sweep up dry spillage where possible to minimize flushing
<b>FDA</b>	Calcium oxide is generally recognized as safe (GRAS) - ( 21 CFR 184.1205)
<b>PROP 65</b>	Subject to California's Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65) warning and labeling requirements due to detection of listed trace metals & silica "known to the State of California to cause cancer."
<b>NAFTA</b>	Product classified under HS Tariff No 2522.10; Preference Criteria A; 100% US Origin
<b>EU REACH</b>	Pre-registered under # 5-2116 374 516-39-0000 - EINECS# 215-138-9
<b>Section 16: Other Information / Disclaimer</b>	
<p>Mississippi Lime Company provides the information contained herein in good faith but makes no representation as to its comprehensiveness or accuracy. This document is intended only as a guide to the appropriate precautionary handling of the material by a properly trained person. Individuals receiving this information must exercise their independent judgment in determining its appropriateness for a particular application or purpose.</p>	
Prepared by:	<i>J.S. Castleberry</i> <span style="float: right;">May 6, 2015</span>