

October 17, 2014

Mr. F. Thomas Lubozynski, P.E. Waste & Air Resource Programs Administrator FDEP, Central District 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

Subject:

Waste Tire Processing Facility Quarterly Report, 3rd Quarter 2014

American Cement Company, LLC Waste Tire Permit: 297136-001-WT/02

Please find enclosed the Waste Tire Processing Facility Quarterly Report for the Third Quarter 2014 for American Cement Company, LLC; Waste Tire Permit No. 297136-001-WT/02.

If you have any questions call me at 352-569-2217.

Sincerely,

AMERICAN CEMENT COMPANY, LLC

RECEIVED

OCT 2 0 2014

DEP Central Dist.

Charles Robertson Environmental Manager

Copy to:

Mr. Cary Cohrs

Mr. William Wall

Mr. Terrance Lyons

Enclosure:

Report



Quarter covered by this report

1. Facility name: American Cement Company, LLC

Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Reset Form

Print Form

DEP Form #_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly Report

(First quarter begins on January 1 of any given year)

Effective Date: January 6, 2010

DEP Application No.

(Completed by DEP)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant to Rule 62-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following information to the Department quarterly.

Third Quarter 2014

| 2. | Facility mailing | Facility mailing address: P. O. Box 445 | | | | | | | |
|---|---|--|----------|------------|----------|-------------------|-------------|--|--|
| | City: Sumter | ville | | County: Su | mter | Zip: <u>33585</u> | | | |
| 3. | Facility permit number: 297136-001-WT/02 | | | | | | | | |
| 4. | . Facility telephone number <u>(</u> 352) 569-5393 | | | | | | | | |
| 5. | Authorized person preparing report: Charles Robertson | | | | | | | | |
| 6. | Affiliation with facility: Environmental Manager | | | | | | | | |
| 7. | Telephone number (if different from above): (352) 569-2217 | | | | | | | | |
| 8. Activity: Report in tons | | | | | | | | | |
| | | Beginning Inventory | Received | Processed | Consumed | Removed | Adjustments | Ending Inventory | |
| | Used Tires | 7 | 417 | | 384 | 3 | | 37 | |
| | Other Whole Tires | | | | | | | | |
| | Processed Tires | | | | | | | | |
| | Processing Waste | | | | | | | | |
| | Other | | | | | | | | |
| | Total | 7 | 417 | | 384 | 3 | | 37 | |
| a. | Explain all inventory adjustments. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | The same of the sa | |
| b. | ist any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attack Additional sheets, if necessary. | | | | | | | | Attach | |
| | | | | | | | | | |
| - | | | | | | | | | |
| 9. | Certification: T and complete. | ertification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, | | | | | | | |
| and complete. | | | | | | | | | |
| | William Wall, Plant Manager Print Name of Authorized Agent Signature of Authorized Agent October 15, 20 Date | | | | | | | | |
| | | | | | | | | | |