

January 9, 2015

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, 4th 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 Fourth 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.

RECEIVED

Sincerely,

JAN 1 2 2015

AMERICAN CEMENT COMPANY, LLC

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

## Florida Department of Environmental Protection

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

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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.

Fourth Quarter 2014

| 1. | Facility name:   | American (  | Cement Comp    | any, LLC         |                 |               |             |                     |  |  |
|----|--|---|----------------|------------------|-----------------|---------------|-------------|---------------------|--|--|
| 2. | Facility mailing address: P. O. Box 445  |   |                |                  |                 |               |             |                     |  |  |
|    | City: Sumterville County: Sumter Zip: 33585  |   |                |                  |                 |               |             |                     |  |  |
| 3. | Facility permit  | number: 29  | 7136-001-WT    | /02              |                 |               |             |                     |  |  |
| 4. | . Facility telephone number (352) 569-5393   |   |                |                  |                 |               |             |                     |  |  |
| 5. | Authorized person preparing report: Charles Robertson JAN 1 2 2015   |   |                |                  |                 |               |             |                     |  |  |
| 6. | Affiliation with facility: Environmental Manager   |   |                |                  |                 |               |             |                     |  |  |
| 7. | Telephone nu   | mber (if differe  | ent from above | ): <u>(352</u> ) | 569-2217        |               | DEF         | Central Dis         |  |  |
| 8. | 8. Activity: Report in tons  |   |                |                  |                 |               |             |                     |  |  |
|    |  | Beginning<br>Inventory  | Received       | Processed        | Consumed        | Removed       | Adjustments | Ending<br>Inventory |  |  |
|    | Used Tires   | 37  | 659            |                  | 655             | 4             |             | 37                  |  |  |
|    | Other Whole<br>Tires   |   |                |                  |                 |               |             |                     |  |  |
|    | Processed<br>Tires   |   |                |                  |                 |               |             |                     |  |  |
|    | Processing<br>Waste  |   |                |                  |                 |               |             |                     |  |  |
|    | Other  |   |                |                  |                 |               |             |                     |  |  |
|    | Total  | 37  | 659            |                  | 655             | 4             |             | 37                  |  |  |
| a. | Explain all inve   | entory adjustm  | nents.         |                  |                 |               |             |                     |  |  |
| b. | List 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. Attach Additional sheets, if necessary. |   |                |                  |                 |               |             |                     |  |  |
|    |  |   |                |                  |                 |               |             |                     |  |  |
| 9. | Certification: 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 Date |                |                  |                 |               |             |                     |  |  |
|    | , m. nan   | 517 (01101)20   | Ju . Igorii    | O.               | gridiare of Aut | nonzeu rigent |             | Date                |  |  |