

January 27, 2016

Electronic Submittal

Ms. Susan J. Pelz, P.E. III Solid Waste Section Florida Department of Environmental Protection Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

Re: CEMEX Construction Materials Florida, LLC, Brooksville South Cement Plant Waste Tire Processing Facility Quarterly Report Site Certification No. PA82-170

Dear Ms. Pelz:

Please find enclosed the revised Waste Tire Processing Facility Quarterly Report prepared for the aforementioned facility, for the 4th Quarter of 2015.

If there are any questions and/or comments concerning this submittal or you require additional information, please contact me at (352) 799-7881, ext 104 or gtownsend@cemexusa.com.

Respectfully Heorge Toursen

George Townsend Environmental Manager

pc: James S. Daniel, Plant Manager

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Department of Environmental Protection

DEP Form # 62-701.900(21)
Waste Tire Processing Facility Form Title Quarterly Report
Effective Date 3/22/00
DEP Application No(Filled in 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.

Quarter covered by this report		10/01/15 - 12/31/15 (First quarter begins on January 1 of any given year)						
1. Facility name	: CEI	MEX Constru	uction Materia	als Florida, LL	.C			
2. Facility mailir	ng address: _	10311 Cement Plant Road						
City: Brooksville			County: _	Hernando Z		Zip: 3466	Zip: 34601	
		22787-002-WT, PA82-17O						
4. Facility telep								
5. Authorized p								
6. Affiliation wi								
7. Telephone nu								
 relephone no Activity: Re 		ent nom abo	ve). <u>(</u>			 		
b. Activity. Re	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
Used Tires	120.14	1,922.0		2,006.28			35.86	
Other whole Tires								
Processed tires								
Processing Waste								
Other								
Total								
a. Explain all in physical inve	entory			ntory overedo		tod maximum fo	or that	
b. List any perio category. Ho	od in which or w was that co	e or more cat ondition reliev	ed?	entory exceede	a the permit		Ji tilat	
	ss inventory a ional sheets, i		he quarter, st	cate how and v	when this co	ndition will be r	elieved.	
9. Certification:		and helief	ertify the infor	mation provided	in this report i	s true, accurate,	and complete	
		and donor, I c	Ø	0 1		7	1/27/16	
George Townsend Print Name of Authorized Agent				ignature of Au	ounces		Date	

Mail complete form to the appropriate district office