Johnson, Sabrina O

From: Robin G Simons <robing.simons@cemex.com>
Sent: Friday, January 11, 2019 10:51 AM
To: SWD_Waste
Cc: David T Singer
Subject: CEMEX Brooksville Waste Tire Reports
Attachments: BrN 4th Qtr Waste Tire Report.pdf; BrS 4th Qtr Waste Tire Report.pdf

Good afternoon,

Please find attached the quarterly waste tire reports for the third quarter of 2018 for each the CEMEX Brooksville North and Brooksville South cement plants.

Thanks,

Robin Simons

Robin Simons
Environmental Manager – Brooksville - United States of America
Office: (352) 799-7881 ext.104 Fax: (352) 799-6088 Mobile: (863)-602-8024
Address: 10311 Cement Plant Road, Brooksville, FL 34601
e-Mail: robing.simons@cemex.com
www.cemexusa.com

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January 11, 2019

Electronic Submittal

Mr. Javier Ramirez
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 **North** Cement Plant Waste Tire Processing Facility Quarterly Report, Permit No. 71066-006-WT/02, Facility ID No. SWD-27-40777

Dear Mr. Ramirez:

Please find enclosed the completed Waste Tire Processing Facility Quarterly Report prepared for the aforementioned facility, for the 4th Quarter of 2018. The Brooksville North Cement Plant was temporarily shut down on December 12, 2008 and remains closed, as of this report.

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 robing.simons@cemex.com.

Respectfully

Robin Simons
Environmental Manager

pc: Alberto Calleros, Plant Manager

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 10/1/18 - 12/31/18 (First quarter begins on January 1 of any given year)

1. Facility name: CEMEX Brooksville North Cement Plant
2. Facility mailing address: 13601 Ponce De Leon Blvd.
   City: Brooksville County: Hernando Zip: 34614
3. Facility permit number: 71066-006-WT/02
4. Facility telephone number (352) 799-7881
5. Authorized person preparing report: _____
6. Affiliation with facility: _____
7. Telephone number (if different from above): ( ) _____
8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	----0----	----0----		----0----			----0----
Other whole Tires							
Processed tires							
Processing Waste							
Other							
Total							

a. Explain all inventory adjustments. _____

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.

Robin Simons	Robin Simons	1/11/2019
Print Name of Authorized Agent	Signature of Authorized Agent	Date

Mail complete form to
the appropriate district office

Northwest District
160 Governmental Center
Pensacola, FL 32501-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. 200 B
Jacksonville, FL 32256-7590
904-448-4300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Dr.
Tampa, FL 33619
813-744-6100

South District
2295 Victoria Ave., Ste. 364
Fort Myers, FL 33902-2549
941-332-6975

Southeast District
400 North Congress Ave.
West Palm Beach, FL 33401
561-681-6600

January 11, 2019 Electronic Submittal

Mr. Javier Ramirez
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 Permit No. 22787-005-WT/02 Site Certification No. PA82-17R

Dear Mr. Ramirez:

Please find enclosed the completed Waste Tire Processing Facility Quarterly Report prepared for the aforementioned facility, for the **4th Quarter of 2018**.

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 robing.simons@cemex.com.

Respectfully

Robin Simons
Environmental Manager

pc: Alberto Calleros, Plant Manager

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 10/1/18 - 12/31/18 (First quarter begins on January 1 of any given year)

1. Facility name: CEMEX Construction Materials Florida, LLC
2. Facility mailing address: 10311 Cement Plant Road
   City: Brooksville County: Hernando Zip: 34601
3. Facility permit number: 22787-005-WT, PA82-17R
4. Facility telephone number (352) 799-7881
5. Authorized person preparing report: _____
6. Affiliation with facility: _____
7. Telephone number (if different from above): ( ) _____
8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	67.66	348	----------	313.8	----------	0.0	101.86
Other whole Tires							
Processed tires							
Processing Waste							
Other							
Total							

a. Explain all inventory adjustments. 0.0

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.

Robin Simons — Print Name of Authorized Agent

Signature of Authorized Agent

1/11/2019 — Date

Mail complete form to
the appropriate district office

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