

April 12, 2019

Mr. F Thomas Lubozynski, P.E. Waste & Air Resource Program Administrator Florida Department of Environmental Protection Central District 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767

Re: American Cement Company, LLC, Sumterville Cement Plant

Waste Tire Processing Facility Permit No. 0297136-002-WT-02 Quarterly

Report-1<sup>st</sup> Quarter 2019

Dear Ms. Lubozynski:

Please find enclosed the completed 1<sup>st</sup> Quarter of 2019, Waste Tire Processing Facility quarterly report for the aforementioned facility, for the.

If there are any questions and/or comments concerning this submittal or you require additional information, please contact me at (352) 569-2217, or gtownsend@am-cem.com.

Respectfully

George Townsend

Environmental Manager

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pc: Natach

Natacha Lago, Plant Manager

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6. Affiliation with facility:

7. Telephone number (if different from above):

## Environmental Protection

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

Form Title:	Waste	Tire Processing	Facility Quarterly
Report			

Effective Date: January 6, 2010

DEP Application No.

(Completed byDEP)

## 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 01/01/19 - 03/31/19 (First quarter begins on January 1 of any given year) 1. Facility name: Suwannee American Cement Company, LLC 2. Facility mailing address: 4750 EC 470 Sumterville City: County: Sumter 33585 Zip: 0297136-002-WT-02, WACS No. 98523 3. Facility permit number: 4. Facility telephone number ) 352-569-2217 5. Authorized person preparing report: George Townsend

Environmental Manager

8. Activity: Report in tons Beginning **Ending** Received **Processed** Consumed Removed Adjustments Inventory Inventory **Used Tires** 46.56 15.0 58.51 9.85 19.75 22.2 Other Whole **Tires** Processed **Tires** Processing Waste Other Total

a.	Explain all inventoryadjustments.				
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.				

Mail completed form to the appropriate District office listed below

Print Name of Authorized Agent

Geprae Townsend

Signature of Authorized Agent

April 10, 2019

Date