



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

03/03/2011

Arthur Eite, CES Mgr
CEMEX LLC - Miami Cement Mill & SCL Quarry
1200 NW 137th Ave
Miami, FL 33182-1803

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **CEMEX LLC - Miami Cement Mill & SCL Quarry** located at **1200 NW 137th Ave, Miami , FL33182-1803**

FLD981758485

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG; Used Oil Boiler.**

Your facility is **currently registered** for the following activities: **Used Oil Filter Transporter (reg exp on 06/30/2012); Used Oil Filter Processor (reg exp on)**.

Your facility is **currently permitted** as: **Used Oil Processor (exp on 02/12/13)**.

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD981758485.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 27064 , Email Address: AEite@cemexusa.com



Received

FEB 14 2011

BSHW

VIA Fed Ex

February 10, 2011

Department of Environmental Resources Management
Waste Regulation Section
701 NW 1st Court 7th Floor
Miami, Florida 33136

DEP Waste Management Division
Hazardous Waste Regulation Section MS 4560
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

Department of Environmental Protection
Southeast District Office
Attn: Hazardous Waste Program Administrator
400 North Congress Avenue
West Palm Beach, Florida 33401

Re: CEMEX Construction Materials Florida, LLC – Cement Mill
DEP Permit No. 56307-HO-003
2011 Annual Report and Used Oil Registration

This letter submits the annual used oil registration (Form 62-710.910(1)) and the annual used oil report (Form 62-710.901 (3)). This facility is not required to pay the used oil registration fee per Rule 62-710.500(2), F.A.C.

If you have any questions concerning this information please contact me at (305) 229-2955, charles.walz@cemex.com

Sincerely,

CEMEX Construction Materials Florida, LLC

Charles E. Walz
Environmental Manager

cc: File

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772Date Received
(for FDEP Official Use Only)

Received

EP 10-100

BSH/V

EPA ID	F	L	D	9	8	1	7	5	8	4	8	5	MTS	
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1. Reason for Submittal	Mark 'X' in correct box:	<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
		<input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).
		<input type="checkbox"/> Is this the final notification (see instructions) for the facility?

2. Facility or Business Name	Miami Soil Thermal Treatment Facility	FEID No.	5	9	0	6	1	5	5	3	1
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3. Facility Operator (List additional Operators in the comments section).	Name of Operator:	CEMEX Construction Materials Florida, LLC	<input type="checkbox"/> New Operator
			Date became Operator: 02 / 21 / 2008 mm dd yy
	Street or P.O. Box:	1200 NW 137th Avenue	Phone Number: 305-229-2942
	City or Town:	Miami	State: FL Zip Code: 33182
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

4. Facility Physical Location Information	Physical Street Address: 1200 NW 137th Avenue		
	City or Town:	Miami	State: FL Zip Code: 33182
	County: Dade	If available, please attach a map or sketch of the facility boundaries.	
	Latitude: 25 46 45 Longitude: 80 25 10 Method: dd mm ss.ssss dd mm ss.ssss Datum:		

5. Facility North American Industry Classification System (NAICS) Code(s)	A.	327310	B.
	C.		D.

6. Facility or Business Mailing Address	Street Address or P.O. Box: Same as Above		
	City or Town:	Same as Above	State: FL Zip Code: 33182

7. Facility or Business Contact Person	First Name:	Arthur	Last Name:	Eite	Title:	Plant Manager
	Phone Number:	305-229-2942	Extension:	E-Mail:	"Eite (Joel), Arthur" <AEite@cemexusa.com> +	
	Street or P.O. Box: 1200 NW 137th Avenue					
	City or Town:	Miami	State: FL	Zip Code: 33182		

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)	Name of Real Property (Land) Owner:	CEMEX Construction Materials Florida, LLC	<input type="checkbox"/> New Owner
			Date became Owner: 02 / 21 / 2008 mm dd yy
	Street or P.O. Box:	1200 NW 137th Avenue	Phone Number: 305-229-2942
	City or Town:	Miami	State: FL Zip Code: 33182
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****For Items 2 through 7, mark 'X' in all that apply.****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☒ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☐ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company _____

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

d. Transportation Mode ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____**e. ☐ Hazardous Waste Transfer Facility: Storage Volume _____****☐ Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- (2) ☐ Collection Center**
- (3) ☒ Used Oil Processor** (A permit is required for this activity.)
- (4) ☒ Off-Specification Used Oil Burner**
- (5) ☐ Used Oil Fuel Marketer**
- (6) Used Oil Filter**
- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☒ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☒ The site (facility) address

EPA ID No.

FLD981758485

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Luis G Lopez Plant Manager

02/9/2011

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Charles Walz

305-229-2955

Charles.Walz@cemex.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:



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