

EPA VISIBLE EMISSION OBSERVATION FORM 1

| | | | | | | | | |
|------------------------------|--|--|--|--|------|---|----|---|
| Form Number | | | | | Page | 2 | of | 3 |
| Continued on VEO Form Number | | | | | | | | |

| | | | |
|--------------------------|------|------|--------------|
| Method Used (Circle One) | | | |
| Method 9 | 203A | 203B | Other: _____ |

| | | |
|---|-------|-----|
| Company Name <i>Gulf Coast Materials</i> | | |
| Facility Name | | |
| Street Address | | |
| City | State | Zip |

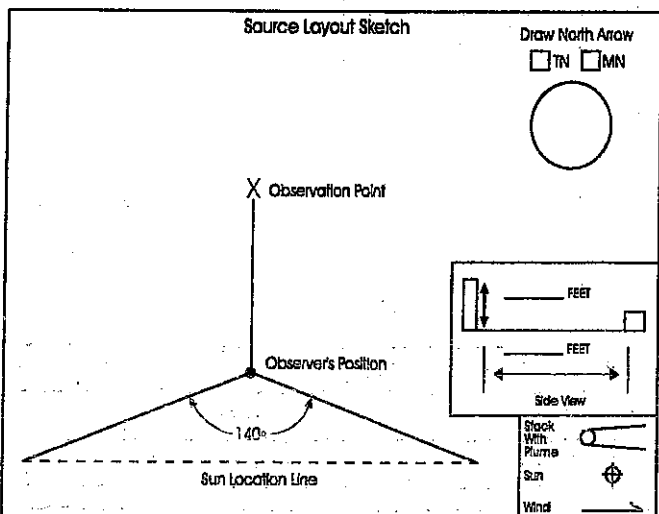
| | | |
|-------------------|----------------|----------------|
| Process | Unit # | Operating Mode |
| Control Equipment | Operating Mode | |

| | | | |
|-------------------------|-----|---------------------------------------|-----|
| Describe Emission Point | | | |
| Height of Emiss. Pt. | | Height of Emiss. Pt. Rel. to Observer | |
| Start | End | Start | End |
| Distance to Emiss. Pt. | | Direction to Emiss. Pt. (Degrees) | |
| Start | End | Start | End |

| | | | |
|---|-----|---------------------------------|-----|
| Vertical Angle to Obs. Pt. | | Direction to Obs. Pt. (Degrees) | |
| Start | End | Start | End |
| Distance and Direction to Observation Point from Emission Point | | | |
| Start | End | | |

| | | | | |
|--------------------|---------------------|-----------------------------------|-----------------------------------|-------------------------------|
| Describe Emissions | | | | |
| Start | End | | | |
| Emission Color | Water Droplet Plume | | | |
| Start | End | Attached <input type="checkbox"/> | Detached <input type="checkbox"/> | None <input type="checkbox"/> |

| | | | |
|---------------------------|----------------|-------|------------|
| Describe Plume Background | | | |
| Start | End | | |
| Background Color | Sky Conditions | | |
| Start | End | Start | End |
| Wind Speed | Wind Direction | | |
| Start | End | Start | End |
| Ambient Temp. | Wet Bulb Temp. | | RH Percent |
| Start | End | | |



| | | |
|-----------|----------|-------------|
| Longitude | Latitude | Declination |
|-----------|----------|-------------|

| |
|------------------------|
| Additional Information |
|------------------------|

| Min | Sec | | | | Comments |
|-----|-----|----|----|----|--|
| | 0 | 15 | 30 | 45 | |
| 1 | 0 | 0 | 0 | 0 | |
| 2 | | | | | Leaking pipe concrete exhaust In foreman plant manager |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | 0 | 0 | |
| 8 | 0 | 0 | 0 | 0 | |
| 9 | 0 | 0 | 0 | 0 | |
| 10 | 0 | 0 | 0 | 0 | |
| 11 | 0 | 0 | 0 | 0 | |
| 12 | 0 | 0 | 0 | 0 | |
| 13 | 0 | 0 | 0 | 0 | |
| 14 | 0 | 0 | 0 | 0 | |
| 15 | 0 | 0 | 0 | 0 | |
| 16 | 0 | 0 | 0 | 0 | |
| 17 | 0 | 0 | 0 | 0 | |
| 18 | 0 | 0 | 0 | 0 | |
| 19 | 0 | 0 | 0 | 0 | |
| 20 | 0 | 0 | 0 | 0 | Pipe leaking |
| 21 | 0 | 0 | 0 | 0 | |
| 22 | 0 | 0 | 0 | 0 | |
| 23 | 0 | 0 | 0 | 0 | |
| 24 | 0 | 0 | 0 | 0 | Flyash Finished |
| 25 | 0 | 0 | 0 | 0 | Load Rate (29 tons) |
| 26 | 0 | 0 | 0 | 0 | |
| 27 | 0 | 0 | 0 | 0 | |
| 28 | 0 | 0 | 0 | 0 | |
| 29 | 0 | 0 | 0 | 0 | |
| 30 | 0 | 0 | 0 | 0 | |

| | | |
|-------------------------|--------------------------|---------------------|
| Observer's Name (Print) | <i>Sherrill Colliver</i> | |
| Observer's Signature | <i>Sherrill Colliver</i> | Date <i>4/18/13</i> |
| Organization | | |
| Certified By | | |
| Date | | |

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|------------------------------|--|--|--|--|------|---|----|---|
| Form Number | | | | | Page | 3 | Of | 3 |
| Continued on VEO Form Number | | | | | | | | |

| | | | |
|--------------------------|------|------|--------------|
| Method Used (Circle One) | | | |
| Method 9 | 203A | 203B | Other: _____ |

| | | |
|---|-------|-----|
| Company Name <i>Gulf Coast Materials</i> | | |
| Facility Name | | |
| Street Address | | |
| City | State | Zip |

| | | |
|-------------------|----------------|----------------|
| Process | Unit # | Operating Mode |
| Control Equipment | Operating Mode | |

| | | | |
|-------------------------|-----|---------------------------------------|-----|
| Describe Emission Point | | | |
| | | | |
| Height of Emiss. Pt. | | Height of Emiss. Pt. Rel. to Observer | |
| Start | End | Start | End |
| Distance to Emiss. Pt. | | Direction to Emiss. Pt. (Degrees) | |
| Start | End | Start | End |

| | | | |
|---|-----|---------------------------------|-----|
| Vertical Angle to Obs. Pt. | | Direction to Obs. Pt. (Degrees) | |
| Start | End | Start | End |
| Distance and Direction to Observation Point from Emission Point | | | |
| Start | End | | |

| | | | |
|--------------------|-----|-----------------------------------|---|
| Describe Emissions | | | |
| Start | | End | |
| Emission Color | | Water Droplet Plume | |
| Start | End | Attached <input type="checkbox"/> | Detached <input type="checkbox"/> None <input type="checkbox"/> |

| | | | |
|---------------------------|-----|----------------|------------|
| Describe Plume Background | | | |
| Start | | End | |
| Background Color | | Sky Conditions | |
| Start | End | Start | End |
| Wind Speed | | Wind Direction | |
| Start | End | Start | End |
| Ambient Temp. | | Wet Bulb Temp. | |
| Start | End | Start | RH Percent |

Source Layout Sketch

Draw North Arrow

TN MN

Stack With Plume

Sun

Wind

| | | |
|-----------|----------|-------------|
| Longitude | Latitude | Declination |
|-----------|----------|-------------|

| Sec Min | Time Zone | | | | Comments |
|------------|-----------|----|----|----|-----------------------|
| | 0 | 15 | 30 | 45 | |
| 1 | ○ | ○ | ○ | ○ | Exhaust Pipe Repaired |
| 2 | ○ | ○ | ○ | ○ | |
| 3 | ○ | ○ | ○ | ○ | Cement Finished |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |

| | | |
|-------------------------|--------------------------|------|
| Observer's Name (Print) | <i>Sherrill Colliver</i> | |
| Observer's Signature | <i>Sherrill Colliver</i> | Date |
| Organization | | |
| Certified By | Date | |

NOTE: THE SHIPPER HEREBY ENDORSES SUBJECT TO THE CARRIERS AND TERMS IN EFFECT ON THE DATE OF ISSUE OF THIS BILL OF LADING, THE PROVISIONS OF THE UNIFORM BILL OF LADING, WHICH ARE INCORPORATED BY REFERENCE INTO THIS BILL OF LADING. THE SHIPPER HEREBY ENDORSES SUBJECT TO THE CARRIERS AND TERMS IN EFFECT ON THE DATE OF ISSUE OF THIS BILL OF LADING, THE PROVISIONS OF THE UNIFORM BILL OF LADING, WHICH ARE INCORPORATED BY REFERENCE INTO THIS BILL OF LADING. THE SHIPPER HEREBY ENDORSES SUBJECT TO THE CARRIERS AND TERMS IN EFFECT ON THE DATE OF ISSUE OF THIS BILL OF LADING, THE PROVISIONS OF THE UNIFORM BILL OF LADING, WHICH ARE INCORPORATED BY REFERENCE INTO THIS BILL OF LADING.

Separation Technologies LLC
A Trax America Business

5809502
Dispatch No

SHIPPER B/L:
o LLTB 433305

| | | |
|---------------------------------------|---------------------|-----------------------------|
| DATE | SHIPPED FROM | AGENTS NUMBER |
| | Lakeland Terminal | |
| CONSIGNEE: | | CARRIER/ROUTE: |
| GULF COAST MATS OF SW FL INC 90006331 | | CCC - COMMERCIAL CARRIER |
| DESTINATION: | | FOB: Pickup |
| Ft, Myers FL | | Delivery Time: |
| RATE | TEST | SPECIAL INSTRUCTIONS |
| | | |

| QTY. | DESCRIPTION | WEIGHT | | | CAR INITIAL AND NUMBER | WAYBILL NUMBER | BIN NO. |
|------|-------------------|--------|-------|-------|------------------------|----------------|---------|
| | | GROSS | TARE | NET | | | |
| 1 | PREASH - LAKELAND | 76700 | 26540 | 53160 | | | 001 |

| | | |
|--|---------------------------|----------------------------------|
| TRUCK ARRIVED | UNLOADING COMPLETE | RECEIVED FOR CONSIGNEE BY |
| AM PM | AM PM | |
| EXPLAIN BELOW REASON FOR DELAY OR EXCEPTIONS | | |
| TIME USED BY CONSIGNEE FOR UNLOADING TRUCK, IN EXCESS OF TIME ALLOWED IN TARIFF, WILL BE ASSESSED AT THE APPLICABLE TARIFF RATES AND CHARGED TO CONSIGNEE, PRIOR TO SIGNING DELIVERY RECEIPT. VERIFY CONDITION OF SHIPMENT, TRUCK ARRIVAL, AND UNLOADING COMPLETED TIME. NO LOSS OR DAMAGE CLAIMS CONSIDERED UNLESS EXCEPTION IS NOTED ON BILL OF LADING BY CONSIGNEE AT TIME OF DELIVERY. | | |

MATERIAL SAFETY DATA SHEET AVAILABLE UPON REQUEST
1-888-477-6274

CUSTOMER PICK UP
RECEIPT OF THE PRODUCT AND QUANTITY DESIGNATED HEREON IS ACKNOWLEDGED, FOB ORIGIN PLANT SITE, BY CUSTOMER OR AGENT FOR CUSTOMER FOR DELIVERY TO THE CUSTOMER AND DESTINATION IDENTIFIED HEREON.

COMPANY: *Med Pro*
AGENT: _____
TRACTOR LIC. NO. _____
SEAL NO(S): _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid, write or stamp here, "To Be Prepaid."
TO BE PREPAID

| | | | |
|--|-------------------------|--------------------|--------------------|
| ProAsh | CARRIER'S AGENT | TRACTOR NO. | TRAILER NO. |
| PER: <i>Rick Franklin</i> | PER: <i>[Signature]</i> | 7974 | 3233 |
| NAME AND PERMANENT POST OFFICE ADDRESS OF SHIPPER: SEPARATION TECHNOLOGIES, LLC 807 I Columbia Road Troutville, VA 24175 | | | |

Shipper certifies that weight and description indicated on this bill of lading are correct, subject to correction by railroad weighing and inspection bureau.

| | | | |
|------------------------|--------|--------------|-----------------------------|
| Weightmaster Lakeland2 | 79700* | • LBS. GROSS | |
| Dispatcher | 26540* | • LBS. TARE | |
| | 53160* | • LBS. NET | |
| | | | 26.58 Tons 24.113 Metric |

Ticketed:
4/17/2013 1:22PM

433305

15590810

BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

TICKET NUMBER

CUSTOMER CARE
1-800-99-CEMEX (23639)



1008030596

| | | | | | | | |
|--|---|-----------------------|------------------------|---|------------------------|-------------------------------|--|
| COMPANY NAME CEMEX CONSTRUCTION MATERIALS FLORIDA, LLC DBA CEMEX | | | | LOCATION INFORMATION 4808 CEM, MIAMI PLANT 1200 NW 137TH AVENUE MIAMI, FL 33182 | | | |
| DATE TO SHIP 04/18/2013 | TICKET DATE 04/17/2013 | BEGIN LOAD 1:30 pm | TICKET TIME 1:35 pm | | | | |
| PO COMPANY 33 | | SAR CONTRACT | | SAP ORDER NO 1018381722 | | SAR DELIVERY NO 8057463812 | |
| SHIPPING UNIT 2274293 | VEHICLE DESCRIPTION 1379-2555 TRI-STATE CARRIERS | | | TRACTOR LIC F586 | TRAILER 1 8928 | TRAILER 2 | |
| CARRIER NO 772291 | CARRIER NAME NEWLINE TRA | | | DRIVER LEDF | INCOTERMS DELIVERED | | |
| SHIP TO 50010602 GULF COAST MATERIALS RM-FORT MYERS 15470 ALICO RD FORT MYERS, FL 33913 | | | | BILL TO 3166641 GULF COAST MATERIALS OF SW FL INC 18121 LEE RD STE 101 FORT MYERS, FL 33912-2512 | | | |

SHIPPING INSTRUCTIONS: DELIV *4527348* SEALS: *7:00 PM*

WEIGHMASTER CERTIFICATE
THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

| QTY | UOM | MATERIAL NO | MATERIAL DESCRIPTION | SCALE | SIG |
|-------|-----|-------------|--------------------------------------|-------|-----|
| 26.49 | TON | 1425063 | BULK TP II ASHTO GRY PORT USCMXMIAMI | 2 | 5 |

Rate is individually determined and NOT subject to filed tariffs unless stated in Common Carrier Rate Agreement RECEIVED, subject to the COMMON CARRIER RATE AGREEMENT or the CONTRACT between the Shipper and Carrier in effect on the date of the shipment, the property described above, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned and designated as shown below. This Bill of Lading is not subject to any tariffs or classifications, whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Notice:
If the Gross Weight exceeds the State Maximum, this load is not legal on the Interstate Highway System

COD AMOUNT: \$ _____ RECEIVED: _____

Received from Shipper - Material above in good condition except as noted.
If paying by BOL please refer to for remittance.

All shipments are Prepaid unless picked up by customer.
Subject to Section 7 of the Terms and Conditions of Carriage. If the shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statements:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SIGNATURE OF CONSIGNOR

| SCALE LBS: | |
|-------------|--------|
| GROSS LB | 79,940 |
| TARE LB | 26,960 |
| NET LB | 52,980 |
| SHORT TONS | 26.49 |
| METRIC TONS | 24.03 |

Received by Carrier: *LEDF* Per (Driver or Customer): *[Signature]* Weighmaster: Daniel Constant

FREIGHT PAID TO: 772291 NEW LINE TRANSPORT LLC Time in Gate: 1:35 pm

WARNING - KEEP OUT OF REACH OF CHILDREN
FRESHLY MIXED CEMENT, MORTAR, FLUE DUST, GLINKER, FLY ASH, CONCRETE OR GROUT MAY CAUSE SKIN INJURY. AVOID CONTACT WITH SKIN WHERE POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER. IF ANY CEMENT OR CEMENT MIXTURES GET INTO THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND GET PROMPT MEDICAL ATTENTION. See MSDS for additional details.