Department of
Environmental Protection

Division of Air Resources Management

APPLICATION FOR NON-TITLE V AIR PERMIT RENEWAL

See Instructions for Form No. 62-210.900(4)

I. APPLICATION INFORMATION

Identification of Facility

1. Facility Owner/Company Name: **CEMEX Southeast, LLC**	
2. Site Name: **CEMEX, Inc.**	
3. Facility Identification Number: **0310091**	4. Facility Status Code: **A**

Application Contact

1. Name and Title of Application Contact: **Veronica N. Sgro, P.E – Senior Engineer**
2. Application Contact Mailing Address: Organization/Firm: **Koogler and Associates, Inc.** Street Address: **4014 NW 13th Street** City: **Gainesville** State: **FL** Zip Code: **32609**
3. Application Contact Telephone Numbers: Telephone: **(352) 377-5822** Fax: **(352) 377-7158**

Application Processing Information (DEP Use)

1. Date of Receipt of Application:	
2. Permit Number:	

Owner/Authorized Representative

1. Name and Title of Owner/Authorized Representative:
Eddie Borders, Environmental Manager

2. Owner/Authorized Representative Mailing Address:

Organization/Firm: **CEMEX Southeast, LLC**
Street Address: **2720 Hwy 341 South**
City: **Clinchfield** State: **GA** Zip Code: **31013**

3. Owner/Authorized Representative Telephone Numbers:
Telephone: **(478) 988-2312** Fax: **(478) 988-2334**

4. Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative of the facility addressed in this Application for Air Permit. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete and that, to the best of my knowledge, any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described in this application so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof. I understand that a permit, if granted by the Department, cannot be transferred without authorization from the Department, and I will promptly notify the Department upon sale or legal transfer of any permitted emissions unit.*

Signature

12/2/2016
Date

* Attach letter of authorization if not currently on file.

Scope of Application

Emissions Unit ID	Description of Emissions Unit	Permit Type	Processing Fee
001	**Cement Storage and Transfer Operation**	**AO2B**	**$1000**
002	**Truck Loading Operation**		

Application Processing Fee

Check one: [**X**] Attached - Amount: $**1000** [ ] Not Applicable

Application Comment

This application requests for the renewal of Permit No. 0310091-006-AO.

The emission units addressed in this application are required to measure actual emissions by any method other than stack testing and have a permit type code of AO2B. These are similar emissions units. The processing fee for this type of application is $1000.00 per Rule 62-4.050(4)(a)3.b., F.A.C

II. FACILITY INFORMATION

Facility Contact

1. Name and Title of Facility Contact: **Donald L. Massie, Terminal Manager**
2. Facility Contact Mailing Address: Organization/Firm: **CEMEX Southeast, LLC** Street Address: **6659 Highway Avenue** City: **Jacksonville** State: **FL** Zip Code: **32254**
3. Facility Contact Telephone Numbers: Telephone: (**904**) **781-8785** Fax: (**904**) **781-8806**

Facility Supplemental Requirements

1. Area Map Showing Facility Location: [**X**] Attached, Document ID: **Attach. 1** [ ] Not Applicable [ ] Waiver Requested
2. Facility Plot Plan: [**X**] Attached, Document ID: **Attach. 1** [ ] Not Applicable [ ] Waiver Requested
3. Process Flow Diagram(s): [**X**] Attached, Document ID: **Attach. 2** [ ] Not Applicable [ ] Waiver Requested
4. Precautions to Prevent Emissions of Unconfined Particulate Matter: [ ] Attached, Document ID:_____ [ ] Not Applicable [**X**] Waiver Requested[1]

Facility Comment

[1] **Please see Permit No. 0310091-006-AO, Section II.B.8.**

Emissions Unit ID 001: Cement Storage and Transfer Operation

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): **Cement Storage and Transfer Operation**	
2. Emissions Unit Status Code: **A**	3. Long-Term Reserve Shutdown Date: **N/A**
4. Control Equipment Method/Description (limit to 200 characters per device or method): **MAC Dust Collector Model No. 144LST144**	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:		mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate: **100 TPH**		
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:		
	hours/day	days/week
	weeks/year	**8760** hours/year

Emissions Unit ID 001: Cement Storage and Transfer Operation

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification [ ] Attached, Document ID:_____ [**X**] Not Applicable [ ] Waiver Requested
2. Compliance Test Report [ ] Attached, Document ID:_____ [ ] Not Applicable [**X**] Previously submitted, Date: **10/28/2016**
3. Procedures for Startup and Shutdown [ ] Attached, Document ID:_____ [ ] Not Applicable [ ] Waiver Requested
4. Operation and Maintenance Plan [**X**] Attached, Document ID: **Attach. 3** [ ] Not Applicable [ ] Waiver Requested
5. Other Information Required by Rule or Statute [ ] Attached, Document ID:_____ [**X**] Not Applicable

Emissions Unit Comment

Maximum Process Rate based on Permit No. 0310091-006-AO → Section III → EU 001 → Specific Condition 1. **Maximum Operating Schedule based on Permit No. 0310091-006-AO → Section III → EU 001 → Specific Condition 2.**

Emissions Unit ID 002: Truck Loading Operation

III. EMISSIONS UNIT INFORMATION

A separate Emissions Unit Information Section must be completed for each emissions unit addressed in this Application for Non-Title V Air Permit Renewal. If submitting the form in hard copy, indicate, in the space provided at the top of each page, the Emissions Unit ID of the emissions unit addressed on the page, as given in the unit's most current air operation permit.

Emissions Unit Description and Status

1. Description of Emissions Unit Addressed in This Section (limit to 60 characters): **Truck Loading Operation**	
2. Emissions Unit Status Code: **A**	3. Long-Term Reserve Shutdown Date:
4. Control Equipment Method/Description (limit to 200 characters per device or method): **DCL Dust Collector Model No. CFM-330**	

Emissions Unit Operating Capacity and Schedule

1. Maximum Heat Input Rate:		mmBtu/hr
2. Maximum Incineration Rate:	lb/hr	tons/day
3. Maximum Process or Throughput Rate: **150 TPH**		
4. Maximum Production Rate:		
5. Requested Maximum Operating Schedule:		
	hours/day	days/week
	weeks/year	**8760** hours/year

Emissions Unit ID 002: Truck Loading Operation

Emissions Unit Supplemental Requirements

1. Fuel Analysis or Specification [ ] Attached, Document ID:_____ [**X**] Not Applicable [ ] Waiver Requested
2. Compliance Test Report [ ] Attached, Document ID:_____ [ ] Not Applicable [**X**] Previously submitted, Date: **10/28/2016**
3. Procedures for Startup and Shutdown [ ] Attached, Document ID:_____ [**X**] Not Applicable [ ] Waiver Requested
4. Operation and Maintenance Plan [**X**] Attached, Document ID: **Attach. 3** [ ] Not Applicable [ ] Waiver Requested
5. Other Information Required by Rule or Statute [ ] Attached, Document ID:_____ [**X**] Not Applicable

Emissions Unit Comment

Maximum Process Rate based on Permit No. 0310091-006-AO → Section III → EU 002 → Specific Condition 1. **Maximum Operating Schedule based on Permit No. 0310091-006-AO → Section III → EU 002 → Specific Condition 2.**

ATTACHMENT 1: AREA MAP / PLOT PLAN

Figure 1: Area map / plot plan showing the facility location. *Courtesy of Google Maps, 12/01/2016.*

KA Project No. 521-16-07
521_16_07_0310091_Att2Flow2016_12_05_FINAL
12/5/2016

Attachment 2 - Process Flow Diagram
CEMEX Southeast, LLC
Jacksonville, Duval County, Florida (Facility ID 0310091)

Legend:
Material Flow
Gas Flow

ATTACHMENT 3

OPERATION & MAINTENANCE PLAN

CEMEX Cement, Inc.

OPERATION AND MAINTENANCE PLAN

Emission Unit Description:_____
(Please List EU No.)

Control Equipment Specifications

Manufacturer:_____Design Air Flow:_____CFM

Model Number:_____Air to Cloth Ratio:_____

Type: Dust Collector_____Bag Material:_____

Cleaning Mechanism: Pulse Jet ☐ Reverse Air ☐ Mechanical ☐ Other ☐ Please describe:

_____

_____

_____

_____

MONTHLY CHECK

Check appropriate box(es) and describe action taken, including date, under comments

Date of Inspection:_____Inspector's Name:_____

Fan:	Good condition	☐	Maintenance Performed	☐
Bags:	Good condition	☐	Need repair or replacement	☐
Baghouse Structure:	Good condition	☐	Needs repair	☐
Baghouse Clean Air Side:	Clean ☐	Light Dust ☐	Heavy Dust	☐

Comments:_____

_____

_____

_____

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