

Department of Environmental Protection

Division of Air Resource Management

APPLICATION FOR AIR PERMIT - LONG FORM

I. APPLICATION INFORMATION

Air Construction Permit – Use this form to apply for an air construction permit:

- For any required purpose at a facility operating under a federally enforceable state air operation permit (FESOP) or Title V air operation permit;
- For a proposed project subject to prevention of significant deterioration (PSD) review, nonattainment new source review, or maximum achievable control technology (MACT);
- To assume a restriction on the potential emissions of one or more pollutants to escape a requirement such as PSD review, nonattainment new source review, MACT, or Title V; or
- To establish, revise, or renew a plantwide applicability limit (PAL).

Air Operation Permit – Use this form to apply for:

- An initial federally enforceable state air operation permit (FESOP); or
- An initial, revised, or renewal Title V air operation permit.

To ensure accuracy, please see form instructions.

Identification of Facility

1.	Facility Owner/Company Name: American Cement Company, LLC					
2.	Site Name: Sumterville Cement Plant					
3.	Facility Identification Number: 1190042					
4.	Facility Location Street Address or Other Locator: 4750 E CR 470					
	City: Sumterville County: Sum	mter	Zip Code: 33585			
5.	Relocatable Facility? Yes No	 Existing Title Yes 	V Permitted Facility? ☐ No			
<u>Ap</u>	plication Contact					
1.	Application Contact Name: Maxwell R. Lee	, Ph. D, P. E.				
2.	Application Contact Mailing Address Organization/Firm: Koogler and Associates, Inc. Street Address: 4014 NW 13th Street					
3.	City: Gainesville State: FL Zip Code: 32609 Application Contact Telephone Numbers Telephone: (352) 377-5822 ext. 13 Fax: (352) 377-7158					
4.	4. Application Contact E-mail Address: mlee@kooglerassociates.com					
Application Processing Information (DEP Use)						
1.	Date of Receipt of Application:	3. PSD Numbe	er (if applicable):			
2.	Project Number(s):	4. Siting Numb	per (if applicable):			

Purpose of Application

Scope of Application

Emissions Unit ID Number	Description of Emissions Unit	Air Permit Type	Air Permit Processing Fee
EU 003	Pyroprocessing System (includes kiln, preheater/calciner, raw mill, air heater, and clinker cooler)	N/A	N/A
Application	Processing Fee		

Application Processing Fee	
Check one: Attached - Amount: \$	Not Applicable

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Owner/Authorized Representative Statement - N/A

Complete if applying for an air construction permit or an initial FESOP.

1.	Owner/Authorized Representative Name :			
2.	Owner/Authorized Representation/Firm:	ntive Mailing Address		
	Street Address:			
	City:	State:	Zip Code:	
3.	Owner/Authorized Representa	ative Telephone Numbers		
	Telephone: () ext.	Fax: ()		
4.	Owner/Authorized Representa	ative E-mail Address:		
5.	Owner/Authorized Representative Statement:			
	I, the undersigned, am the owner or authorized representative of the corporation, partnership, or other legal entity submitting this air permit application. To the best of my knowledge, the statements made in this application are true, accurate and complete, and any estimates of emissions reported in this application are based upon reasonable techniques for calculating emissions. I understand that a permit, if granted by the department, cannot be transferred without authorization from the department.			
	Signature		Date	

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Application Responsible Official Certification

Complete if applying for an initial, revised, or renewal Title V air operation permit or concurrent processing of an air construction permit and revised or renewal Title V air operation permit. If there are multiple responsible officials, the "application responsible official" need not be the "primary responsible official."

	AND THE RESIDENCE OF A CONTROL
1.	Application Responsible Official Name: Cary O. Cohrs, President
2.	Application Responsible Official Qualification (Check one or more of the following options, as applicable):
	For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit under Chapter 62-213, F.A.C.
	 For a partnership or sole proprietorship, a general partner or the proprietor, respectively. For a municipality, county, state, federal, or other public agency, either a principal executive officer or ranking elected official. The designated representative at an Acid Rain source or CAIR source.
3.	Application Responsible Official Mailing Address Organization/Firm: American Cement Company, LLC Street Address: 4750 E CR 470; P.O. Box 445
	City: Sumterville State: FL Zip Code: 33585
4.	Application Responsible Official Telephone Numbers Telephone: (352) 569 - 5393 Fax: (352) 569 - 5397
5. cco	Application Responsible Official E-mail Address: hrs@americancementcompany.com
6.	Application Responsible Official Certification:
ap sta kn tec eq ap an rec pe an en	the undersigned, am a responsible official of the Title V source addressed in this air permit plication. I hereby certify, based on information and belief formed after reasonable inquiry, that the atements made in this application are true, accurate and complete and that, to the best of my rowledge, any estimates of emissions reported in this application are based upon reasonable chiques for calculating emissions. The air pollutant emissions units and air pollution control uipment described in this application will be operated and maintained so as to comply with all plicable standards for control of air pollutant emissions found in the statutes of the State of Florida d rules of the Department of Environmental Protection and revisions thereof and all other applicable quirements identified in this application to which the Title V source is subject. I understand that a remit, if granted by the department, cannot be transferred without authorization from the department, d I will promptly notify the department upon sale or legal transfer of the facility or any permitted missions unit. Finally, I certify that the facility and each emissions unit are in compliance with all pplicable requirements to which they are subject, except as identified in compliance plan(s) bmitted with this application.
	$\frac{\text{Gyo. Ool}}{\text{Signature}} \qquad \frac{5/26/20/5}{\text{Date}}$
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Professional Engineer Certification

1.	Professional Engineer Name: Maxwell R. Lee, Ph. D, P. E.			
	Registration Number: 58091			
2.	Professional Engineer Mailing Address Organization/Firm: Koogler and Associates, Inc.			
	Street Address: 4014 NW 13 th Street			
	City: Gainesville State: Florida Zip Code: 32609			
3.	Professional Engineer Telephone Numbers			
	Telephone: (352) 377-5822 ext.13 Fax: (352) 377-7158			
4.	Professional Engineer E-mail Address: mlee@kooglerassociates.com			
	Professional Engineer Statement:			
	I, the undersigned, hereby certify, except as particularly noted herein*, that:			
	(1) To the best of my knowledge, there is reasonable assurance that the air pollutant emissions unit(s) and the air pollution control equipment described in this application for air permit, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in the Florida Statutes and rules of the Department of Environmental Protection; and			
	(2) To the best of my knowledge, any emission estimates reported or relied on in this application are true, accurate, and complete and are either based upon reasonable techniques available for calculating emissions or, for emission estimates of hazardous air pollutants not regulated for an emissions unit addressed in this application, based solely upon the materials, information and calculations submitted with this application.			
	(3) If the purpose of this application is to obtain a Title V air operation permit (check here \boxtimes , if so), I further certify that each emissions unit described in this application for air permit, when properly operated and maintained, will comply with the applicable requirements identified in this application to which the unit is subject, except those emissions units for which a compliance plan and schedule is submitted with this application.			
	(4) If the purpose of this application is to obtain an air construction permit (check here, if so) or concurrently process and obtain an air construction permit and a Title V air operation permit revision or renewal for one or more proposed new or modified emissions units (check here, if so), I further certify that the engineering features of each such emissions unit described in this application have been designed or examined by me or individuals under my direct supervision and found to be in conformity with sound engineering principles applicable to the control of emissions of the air pollutants characterized in this application.			
""	(5) If the purpose of this application is to obtain an initial air operation permit or operation permit revision or renewal for one or more newly constructed or modified emissions units (check here , if so), I further certify that, with the exception of any changes detailed as part of this application, each such emissions unit has been constructed or modified in substantial accordance with the information given in the corresponding application for air construction permit and with all provisions quality in such permit.			
``* 	Signature 8091			
EA	trach and Exception to certification statement.			
and a				

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II. FACILITY INFORMATION

A. GENERAL FACILITY INFORMATION

Facility Location and Type

1.	1. Facility UTM Coordinates		2.	Facility Latitude/Lo	ongitude
	Zone 17 East (km) 399.80			Latitude (DD/MM/SS) 28 / 45/ 45 N	
	North (km) 3181.90		Longitude (DD/MM/SS) 82 / 01/35 W		
3.	Governmental	4. Facility Status	5.	Facility Major	6. Facility SIC(s):
	Facility Code:	Code:		Group SIC Code:	
	0	A		32	3241
7.	Facility Comment :	None			

Facility Contact

1.	Facility Contact Name: Charles	Roberts	son, Enviro	nmental Manager
2.	Facility Contact Mailing Address			
	Organization/Firm: American C	ement (Company, I	LC
	Street Address: 4750 E CR 4	70; P.C). Box 445	
	City: Sumterville		State: FL	Zip Code: 33585
3.	Facility Contact Telephone Numb	ers:		
	Telephone: (352) 569-5393	ext.	Fax: (352)	569-5397
4.	Facility Contact E-mail Address:	crober	tson@amer	ciancementcompany.com

Facility Primary Responsible Official

Complete if an "application responsible official" is identified in Section I that is not the facility "primary responsible official."

1.	Facility Primary Responsible	Official Name:			
2.	. Facility Primary Responsible Official Mailing Address Organization/Firm:				
	Street Address:				
	City:	State:	Zip Code:		
3.	Facility Primary Responsible	Official Telephone Numbers			
	Telephone: () - ext.	Fax: () -			
4.	Facility Primary Responsible	Official E-mail Address:			

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Facility Regulatory Classifications

Check all that would apply *following* completion of all projects and implementation of all other changes proposed in this application for air permit. Refer to instructions to distinguish between a "major source" and a "synthetic minor source."

1. Small Business Stationary Source Unknown
2. Synthetic Non-Title V Source
3. Title V Source
4. Major Source of Air Pollutants, Other than Hazardous Air Pollutants (HAPs)
5. Synthetic Minor Source of Air Pollutants, Other than HAPs
6. Major Source of Hazardous Air Pollutants (HAPs)
7. Synthetic Minor Source of HAPs
8. One or More Emissions Units Subject to NSPS (40 CFR Part 60)
9. One or More Emissions Units Subject to Emission Guidelines (40 CFR Part 60)
10. One or More Emissions Units Subject to NESHAP (40 CFR Part 61 or Part 63)
11. Title V Source Solely by EPA Designation (40 CFR 70.3(a)(5))
12. Facility Regulatory Classifications Comment:

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List of Pollutants Emitted by Facility

1. Pollutant Emitted	2. Pollutant Classification	3. Emissions Cap [Y or N]?
СО	A	N
NOX	A	N
PM	A	N
PM10	A	N
SO2	A	N
VOC	В	N
D/F	В	N
ТНС	В	N
H114 (Mercury)	В	N

B. EMISSIONS CAPS

Facility-Wide or Multi-Unit Emissions Caps – N/A

. Pollutant	2. Facility-	3. Emissions	4. Hourly	5.	Annual	6. Basis for
Subject to	Wide Cap	Unit ID's	Cap		Cap	Emission
Emissions	[Y or N]?	Under Cap	(lb/hr)		(ton/yr)	Cap
Cap	(all units)	(if not all units)				
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_						
E:1:4 337	ide or Multi-Unit	Emissions Cap Con	nment:			
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