



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

October 27, 2003

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

Celso Martini, Plant Manager
Suwannee American Cement
PO Box 410
Branford, Florida 32008

RE: DEP File No. 1210465-003-AC (PSD-FL-259B)
Cement Plant- Branford, Suwannee County, Florida

Dear Mr. Martini:

During our meeting of October 22, Suwannee American Cement [SAC] indicated its intent to conduct testing to determine if the addition of slaked lime to the process will reduce sulfur dioxide [SO₂] emissions when the raw mill is not operating. Currently, the moist raw materials, largely limestone, are dried and conveyed to the raw mill's dust control equipment for control of SO₂. SAC also indicated that it will use existing equipment silos and bins such that no additional equipment will be installed for this testing.

Because the proposed testing does not constitute a modification nor will the testing involve any construction activities, the Department does not believe a permit modification is required. Should any construction or modification become necessary, the Department will require a construction permit. **In addition, all terms and conditions of the current construction permit shall apply at all times during the slaked lime testing.**

If you have any questions, please contact Al Linero of my staff at 850/921-9523.

Sincerely,

Trina L. Vielhauer, Chief
Bureau of Air Regulation

cc: Chris Kirts, NED

Greg.
AL

"More Protection, Less Process"

Printed on recycled paper.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: Mr. Celso Martini Plant Manager Suwannee American Cement Post Office Box 410 Branford, FL 32008	C. Signature <input checked="" type="checkbox"/> <i>Susan Vaughan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Copy from service label) 7000 2870 0000 7028 3314	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7000 2870 0000 7028 3314	<div style="border: 1px solid black; height: 35px;"></div>
Postage \$	<div style="border: 1px solid black; height: 20px;"></div>
Certified Fee	<div style="border: 1px solid black; height: 20px;"></div>
Return Receipt Fee (Endorsement Required)	<div style="border: 1px solid black; height: 30px;"></div>
Restricted Delivery Fee (Endorsement Required)	<div style="border: 1px solid black; height: 30px;"></div>
Total Postage & Fees \$	<div style="border: 1px solid black; height: 20px;"></div>
Sent To <i>Celso Martini</i>	
Street, Apt. No., or PO Box No. <i>PO Box 410</i>	
City, State, ZIP+4 <i>Branford, FL 32008</i>	
PS Form 3800, May 2000 See Reverse for Instructions	