

FACILITY INFORMATION

Owner/Authorized Representative Statement

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

1. Owner/Authorized Representative Name : Mr. Tom Messer, Plant Manager	
2. Owner/Authorized Representative Mailing Address... Organization/Firm: Suwannee American Cement, LLC Street Address: 5117 US Hwy 27 City: Branford State: Florida Zip Code: 32008	
3. Owner/Authorized Representative Telephone Numbers... Telephone: (386) 935 -5000 Fax: (386) 935 -5080	
4. Owner/Authorized Representative E-mail Address: tomm@suwanneecement.com	
5. Owner/Authorized Representative Statement: <i>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.</i>	
 Signature	<u>1-28-2015</u> Date