

M-1977-361/ CEMEX Sandstone Quarry

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DIVISION OF RECLAMATION
MINING AND SAFETY

Correspondence Information:

APPLICANT/OPERATOR (name, address, and phone of name to be used on permit)

Contact's Name: Bradley Shane Wilson Title: Plant Manager
Company Name: CEMEX, Inc.
Street/P.O. Box: _____ P.O. Box: 529
City: Lyons
State: CO Zip Code: 80540
Telephone Number: (303) - 823-2101
Fax Number: (303) - 823-2199

PERMITTING CONTACT (if different from applicant/operator above)

Contact's Name: Michael L. Whitehead Title: Environmental Manager
Company Name: CEMEX, Inc.
Street/P.O. Box: _____ P.O. Box: 529
City: Lyons
State: CO Zip Code: 80540
Telephone Number: (303) - 823-2115
Fax Number: (303) - 823-2119

INSPECTION CONTACT

Contact's Name: Dennis Luke Title: Quarry Manager
Company Name: CEMEX, Inc.
Street/P.O. Box: 13301 53rd St. P.O. Box: _____
City: LONGMONT
State: CO Zip Code: 80503
Telephone Number: (715) - 495-0564
Fax Number: (303) - 823-2119

CC: STATE OR FEDERAL LANDOWNER (if any)

Agency: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Telephone Number: () -

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Telephone Number: () -