

October 4, 2010

Dept. Of Environmental Protection

OCT 0 8 2010

Southwest District

Susan J. Pelz, P.E. Florida Department of Environmental Protection 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926

Subject:

Central County Solid Waste Disposal Complex

Waste Tire Processing Facility Quarterly Report

Permit Number 126775-002-WT/02

July through September 2010

Dear Ms. Pelz:

Enclosed is the above-mentioned report in accordance with Specific Condition Number D.3.b.

If you have any questions, please do not hesitate to contact me directly at (941) 861-1589, Cell (941) 650-0722, or email at lerose@scgov.net.

Sincerely,

Lois Rose Manager

Enclosure



Department of Environmental Protection

DEP Form	# 62-701.900(21)
	Waste Tire Processing Facility Quarterly Report
Effective D	ale 12/23/96
DEP Applic	cation No.
	(Filled in by DED)

Waste Tire Processing Facility Quarterly Report

Pursuant to Rule 62-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following information to the Department quarterly.

Qua	arter c	overed by this repo	rt:. 3rd Qtr 20	10								
1.	Facility Name: Central County Solid Waste Disposal Complex											
2.	2. Facility mailing address: 4000 Knights Trail Road											
		City:	Nokomis		County:	Sarasota		_Zip:	34275			
3.	Facil	Facility permit number: 126775-002-WT/02										
4.	Facil	Facility telephone number: (941) 861-1589 FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION										
5.	Auth	Authorized person preparing report: Lois Rose OCT 0 8 2010										
6.	Affilia	Affiliation with facility: Solid Waste Operations Manager SOUTHWEST DISTRICT										
7.	Telephone number(if different from above):											
	8. Activity: Report in tons.											
			Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
		Used Tires	224.93	182.47	187.79	!			219.61			
		Other whole tires		•								
		Processed tires										
		Processing Waste										
		Other whole tires				-						
		Total	224.93	182.47	187.79	. 0	0	0	219.61			
a. Explain all inventory adjustments.												
b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?												
For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach additional Sheets, if necessary.												
9. Certification:												
To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete.												
Lois Rose U - S - (0												
Name of Authorized Agent Signature of Authorized Agent Date												
	Mail complete form to the appropriate district office											

Northwest District 160 Governmental Center Pensacola, FI 32501-5794 904-444-8360 Northeast District 7825 Baymeadows Way, Ste, B200 Jacksonville, FL 32256-7590 904-448-4300

Central District 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767 407-894-7555 Southwest District 3804 Coconut Palm Dr. Tampa, FL 33619 813-744-6100 Sout District 2295 Victoria Ave., Ste. 364 Fort Myers, FL 33901-3881 941-332-6975

Southeast District 400 North Congress Ave. West Palm Beach, FL 33401 561-681-6600