



**SARASOTA COUNTY**  
"Dedicated to Quality Service"

October 3, 2011

Dept. Of Environmental Protection

OCT 12 2011

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 2011

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](mailto:lerose@scgov.net).

Sincerely,

Lois Rose  
Manager

Enclosure



# Department of Environmental Protection

DEP Form # <u>62-701.900(21)</u>
Waste Tire Processing Facility
Form Title <u>Quarterly Report</u>
Effective Date <u>12/23/96</u>
DEP Application No. _____ (Filled in by DEP)

## 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.

Quarter covered by this report: 3rd Qtr 2011

- Facility Name: Central County Solid Waste Disposal Complex
- Facility mailing address: 4000 Knights Trail Road  
City: Nokomis County: Sarasota Zip: 34275
- Facility permit number: 126775-002-WT/02
- Facility telephone number: (941) 861-1589
- Authorized person preparing report: Lois Rose
- Affiliation with facility: Solid Waste Operations Manager
- Telephone number(if different from above): \_\_\_\_\_

8. Activity: Report in tons.

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	222.40	177.54	185.88				214.06
Other whole tires							
Processed tires							
Processing Waste							
Other whole tires							
<b>Total</b>	<b>222.40</b>	<b>177.54</b>	<b>185.88</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>214.06</b>

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  
Name of Authorized Agent

*Lois Rose*  
Signature of Authorized Agent

10-7-11  
Date

Mail complete form to the appropriate district office

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**OCT 12 2011**

**SOUTHWEST DISTRICT**

Northwest District  
160 Governmental Center  
Pensacola, FL 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