

January 10, 2012

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 October through December 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 Lois Rose directly at (941) 861-1589, Cell (941) 650-0722, or email at lerose@scgov.net.

Dept. Of Environmental Protection

Sincerely,

Lois Rose Manager

Enclosure



Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Form Title: Waste Tire Processing Facility Qua Report	rterly
Effective Date: January 6, 2010	

(Completed 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. 4th Qtr 2011 Quarter covered by this report (First quarter begins on January 1 of any given year) Central County Solid Waste Disposal Complex 1. Facility name: 4000 Knights Trail Road Facility mailing address: City: Nokomis County: Sarasota Zip: 34275 3. Facility permit number: 126775-002-WT/02 FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION 4. Facility telephone number (941) 861-1589 Authorized person preparing report: Lois Rose 6. Affiliation with facility: Solid Waste Operations Manager 7. Telephone number (if different from above): 8. Activity: Report in tons Beginning Received Processe Consumed Removed Ending Adjustment Inventory Inventory **Used Tires** 214.06 133.61 123.61 224.06 Other whole Tires Processed tires Processing Waste Other Total 214.06 133.61 123.61 224.06 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.

> Mail completed form to the appropriate District office listed below

Lois Rose

Print Name of Authorized Agent

Signature of Authorized Agent

Date