

Board of County Commissioners DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460 Telephone: (352) 527-7670 FAX: (352) 527-7672

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Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

April 2, 2012



Mr. Steve Morgan Department of Environmental Protection 13051 N Telecom Parkway Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – First Quarter, 2012

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of January, February and March, 2012, for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely,

T. Casey Stephens

Director

Division of Solid Waste Management

cc: File



Department of Environmental Protection

DEP FOIII	# 62-701.900(21) Waste Tire Processing Facility
Form Title	Quarterly Report
Effective D	ate <u>3/22/00</u>
DEP Applic	eation No.

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.

Quarte	r covered by	y this report	First Quarte	er - 2012	(First quarter	begins on Jar	nuary 1 of any	given year)			
Facility name: Citrus County Central Waste Tire Facility											
2. Facility mailing address: P. O. Box 340											
Ci	ty: Lecant	0		County: _C	Citrus		Zip: 34460				
3. Fa	3. Facility permit number: 126602-003-WT/02										
4. Facility telephone number (352) 527-7670 5. Authorized person preparing report: T. Casey Stephens T. Casey Stephens											
5. Au	5. Authorized person preparing report: T. Casey Stephens APR 5 2012										
6. At	ffiliation wit	h facility:	Director				SOUTH	5 2012			
7. Te	6. Affiliation with facility: Director 7. Telephone number (if different from above): () TAMPA OUTHWEST DISTRICT										
8. Ad	ctivity: Rep	port in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
Us	ed Tires	50.00	118.18			108.18		60.00			
Oti Tir	her whole es				-						
Pro	ocessed tires										
1000000	ocessing aste					-					
Ot	her										
То	tal	50.00	118.18	-	<u>-</u> -	108.18		60.00			
a Ex	ınlain all inv	entory adjus	tments								
u. L	CPICIII CII IIIV										
h Lie	st any norio	d in which o	ne or more ca	tegory of inve	ntory exceeds	ed the nermitt	ed maximum f	or that			
	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:											
Ţ	To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.										
7	T. Casey Stephens //3//2										
	Print Nam	e of Authoriz	zed Agent	Cs	ignature of A	uthorized Age	nt //	,bate			
Mail complete form to											

the appropriate district office