



SARASOTA COUNTY
"Dedicated to Quality Service"

April 5, 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
January through March 2012

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.

Sincerely,

Lois Rose
Manager

Enclosure

Dept. Of Environmental Protection
APR 12 2012
Southwest District



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: 1st Qtr 2012

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

FLORIDA DEPARTMENT OF
 ENVIRONMENTAL PROTECTION
APR 12 2012
 SOUTHWEST DISTRICT
 TAMPA

8. Activity: Report in tons.

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	224.06	156.76	146.90				233.92
Other whole tires							
Processed tires							
Processing Waste							
Other whole tires							
Total	224.06	156.76	146.90	0	0	0	233.92

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

Signature of Authorized Agent

4-6-12
Date

Mail complete form to the
appropriate district office

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