

## Florida Department of Environmental Protection

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

Reset Form	1
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**Print Form** 

DEP Form # \_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly Report

Effective Date: January 6, 2010

DEP Application No.

(Completed by DEP)

							RECEIL
			SING FACI				JANO
Pursuant processing fac	to Rule 62-7	11.530, Florida	Administrative g information to	e Code, the o	wner or operant nt quarterly.	ator of a waste	RECEIV JAN 0 8 20
Quarter covered b	y this report	Four	Hh (	First quarter be	egins on Janua	ary 1 of any giver	ryear) Central Di
1. Facility name	Con	solidat	ed TIR	e froc	essing,	L.L.C.	
2. Facility mailin	g address: _	31005	Ridge	wood 2	Ave, L	Init#190	)
city: <u>SOU</u>	th Da.	y toNa	County:	Volusia		Zip: <u>32/1</u>	<del>7</del>
3. Facility permi	t number:	WT-1	04-031	0464-	001		
4. Facility teleph	one number	(386) 2	12-20	48			
5. Authorized pe	erson preparing	g report:	Denni	s Mylb	erger		
6. Affiliation with	n facility:	manag	ging di	irector			
7. Telephone nu	ımber (if differe	ent from above	e): <u>(</u> )	)			
8. Activity: Rep	ort in tons	_					
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires							
Other Whole Tires							
Processed Tires	60	584	536	10	420		106
Processing Waste							
Other							
Total	60	482	536	10	420		106
a. Explain all inv							
b. List any period was that cond	d in which one dition relieved?		gory of inventory	exceeded the	e permitted max	ximum for that ca	ategory. How
	ss inventory at eets, if necess		quarter, state l	now and when	this condition v	will be relieved.	Attach
9. Certification: and complete		my knowledge	and belief, I ce	ertify the inform	ation provided	in this report is	true, accurate,
Denn	is Mulk	walx	/	-21		. //	4/2013

Print Name of Authorized Agent

Signature of Authorized Agent

Date