

April 22, 2013

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APR 2 4 2013

FL DEP WEST PALM BEACH

Amede Dimonnay Solid Waste Florida Department of Environmental Protection Southeast District 400 North Congress Ave., 3rd Floor West Palm Beach, FL 33401-2913

Re: Processing Facility Permit#41202-WT-004

Dear Amede,

Enclosed please find the first quarter 2013 Waste Tire Processing Facility quarterly report for Liberty Tire Recycling LLC.

If you have any questions or require any further documentation please feel free to contact me.

Sincerely,

Marcus Quilty, MIATI Division Controller



CONFIDENTIAL

Florida Department of Environmental Protection

DEP Form # 67	701 172771
	ate Tire Processing Facility
Quarterly Roos	
Effective Date	\$214.2010

DEP Application No.

(n and in by 1/52)

Waste Tire Processing Facility Quarterly Report

Persulant to State 62-711.530, Frontia Administrative Code, the owner or appearance of a weats tire processing facility shall author the following information to the Department quarterly.

Quarter covered by this report: First Quarter		2013 (First quarter begins on January 1 of any given year.)					
1. Facility name : Liberty Tire R		ecycling LLC					
2. Facility mailing	addrass:	9675 Range L	ine Road		W. S.		
City:	Port St. Lucie		County:	St. Lucie		Zip:	34987
3. Facility permit number:		41202-WT-004					
4. Facility telephone number:		§772) 465-0677					
5. Authorized person preparing report:		Gene Kostreba					
6. Affiliation with facility:		General Menager					
7. Telephone number (if different from above):		same					
8. Activity: Report	in tone.						
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used tires	-						
Other whole tires							
Processed tires	6 235.75	17,002.00	17,002.60		16,389.00	(5,989.75)	879.00
Processing waste	-						_
Other					,		
Total	6,235.75	17,002.00	17,002.00	-	16,389.00	(5.969.75)	879.00
a. Explain all inven work in progress.		s.	Ending invent	ory adjusted to	reflect only wh	ole tives and	
b. List any period i was that condition		more category o	f inventory excess	eded tive permitt	ol mumitem bu	that category. H	lew
For any excess invested sheets if necessary		d of the quarter,	state how and w	hen this condition	on will be relieve	ed. Altech addition	onal
9. Certification:							
		d belief, i certify	the information	provided in this	report is true, a	ocurate and comp	itete. 1./9 <u>./</u> 3
Gene Kos Name of Auth			Signature of	Authorized Agor	nt -	7	Date