

OCT 1 4 2013

DEP Central Dist.

October 10, 2013

ENV-13-139

Mr. F. Thomas Lubozynski Program Administrator Florida Department of Environmental Protection Central District Office 3319 Maguire Boulevard Suite 232 Orlando, FL 32803

Re:

Quarterly Waste Tire

Tomoka Farms Road Landfill, Volusia County Solid Waste Division

Dear Mr. Lubozynski:

Please find enclosed a copy of the 2013 3rd Quarter Waste Tire Processing Report. If additional information is needed, please feel free to contact me at (386)947-2952 or jstirk@co.volusia.fl.us.

Sincerely,

Jennifer R. Stirk

Environmental Specialist III

Enclosure:

Waste Tire Report

cc:

file

## FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DER Form # 17-711.900(4)
Form Title: Waste Tire Processing

Facility Quarterly Report

Effective Date: February 28, 1994

DER ApplicationNO.

Application No.

(Filled in by DER)

## WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant to Rule 17-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following to the Department quarterly.

Quarter cov	ered by this repo	rt: 2nd Quarte	r 2013 (First q	uarter begins on	January 1 of any	given year)		
1. Faci	lity Name:	County of Volu	usia – Tomoka F	arms Road Land	<u>ក្បា</u>			
2. Faci	lity mailing addr	ess: <u>1990 Ton</u>	oka Farms Rao	<u>.</u>				
City	: Port Oran	ige	County:	<u>Volusia</u>	Zip:	32128		
3. Faci	lity permit numb	oer: <u>SO</u> 6	4-121811					
4. Faci	Facility telephone number: 386/947-2952							
4. Aut	Authorized person preparing report: Jennifer R. Stirk RECEIVED							
5. Affi	liation with facili	ty: <u>Enviro</u>	nmental Special	ist III		<del>0</del> C	T 1 + 2013	
	phone number (i vity: Report in t		above):			DEP (	Central Dist.	
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Invento	
Used Tires	359.56	352.26	715.52			+38.81	35.11	
Other whole tire	es							
Processed tires Processing Was	to							
Other								
Total								
an ac	period in which	ns for previously one or more cate	gory of inventor	y exceeded the po	emain onsite	n for that catego		
this condition	n will be relieved	. Attach addition			ry at the end of the	e quarter, state h	ow and when	
9. Certifica				<del></del>				
To the b			certify the infor	mation provided	in this report is tr	ue, accurate and	ا م	
Name of	Name of Authorized Agent (for) Signature of Authorized Agent					Date		
		Mail com	pleted form to t	he appropriate di	strict office	•		

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