

## Florida Department of **Environmental Protection**

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

**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)

## WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant to	Rule	62-711.530,	Florida	Administrative	Code,	the	owner	or	operator	of	а	waste	tire
processing facilit	y shal	I submit the fo	ollowing	information to t	he Dep	artm	ent qua	arte	rly.				

Qua	Quarter covered by this report Fourth, 2013 (First quarter begins on January 1 of any given year)										
1.	Facility name: Consolidated Tire Processing,L.L.C.										
2.	2. Facility mailing address: 3100 S. Ridgewood Ave,Unit 190										
	City: South [	Daytona		County: Vo	Volusia Zip: 32119						
3.	Facility permit	number: W	T-64-0310464	-001							
4.	4. Facility telephone number (386 )212-2048										
5.	5. Authorized person preparing report: Dennis Mulberger										
6.	5. Affiliation with facility: managing director										
7.	Telephone nui	mber (if differe	ent from above	): <u>(</u> )							
8.	Activity: Repo	ort in tons		6145							
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
	Used Tires	60	180	170				70			
	Other Whole Tires	0									
	Processed Tires	0				- E - ×2					
	Processing Waste	0									
	Other	0									
	Total	0									
a.	Explain all inve	entory adjustn	nents.								
		-									
	1: (										
	was that condi	tion relieved?				permitted max	kimum for that ca	tegory. How			
	June was ove	r limit until ne	w baling mach	nine was install	ed						
	For any excess Additional she	s inventory at ets, if necessa	the end of the a ary.	quarter, state h	er, state how and when this condition will be relieved. Attach E						
			·				JAN	0.7 2014			
							DED O	d I was			
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this and complete.							ntral Dist. rue, accurate,			
	Dennis Mulberger work What 1/6/14										
	Print Nam	e of Authorize	ed Agent	Si	gnature of Aut	horfzed Agent	•	Date			

Mail completed form to the appropriate District office listed below