Department of

Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road Tallahassee, FL 32399-2400

Waste Tire General Permit Notification/Quarterly Report For Mobile Processing Equipment Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire

mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

Type of Submittal: General Permit	Notification X Qua	arterly Rep	ort		
If submitting notification for use of a ge	eneral permit, fill our l	Parts I & II.	If making	a quarterly repo	ort, fill out Parts I & III.
Part I General:					
A: Company name: Florida 1. Phone 772/46 2. Street Address 9675 F	65-0477				
•	t. Lucie	State	FL	Zip 34987	
4. Mailing Address Same					
5 City 6. Contact Person: John J	. Wilson	State		Zip	
Part II Notification					
A. Status of Operation: E	existing Pro	posed			
B. Submit information for mot	oile shredding, ch	opping,	or cutting	g equipment.	•
1. Equipment manufactu	rer:				
2. Equipment Model Nur					
3. Equipment serial num					
5. Maximum input size:		6.	Minimum	n input size:	
7. Equipment owner:					
8. Address					
9. City:					
C. Describe how and where pro	ocessed tires will	be used	or dispo	sed of:	
Attach a check or money o renewal notifications. (Rule)		.00 gene	eral perm	it fee require	ed for new or
E. Certification for Parts I & II.					
To the best of my knowledge a	nd belief, I certify	the info	rmation p	provided in t	his notification is
true, accurate, and correct.					
John J. Wilson Name of Authorized Agent	Signa	ture of A	uthorized	d Agent	Date

A.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:
	1. (Quarter of this report Fourth Quarter, 2007
	2	X No activity in this quarter.
B.	Qua	arterly activity at landfills.
List	eac	h landfill where your equipment operated in the quarter covered by this report.
	1.	Landfill name:
	2.	Owner/Operator Telephone number:
	3.	County:
	4.	Quantity tires processed:
		(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)
	5.	Describe how processed tires were disposed of:
		(Ex. Daily cover, TDF, Landfillable shred, etc.)
C.	Qua	arterly activity at other sites.
List	eacl	h site where your equipment operated in the quarter covered by this report.
	1.	Site name:
	2.	Owner/Operator Telephone number:
	3.	Street Address
	4.	City : State Zip
	5.	Quantity tires processed:
	6.	Describe how processed tires were disposed of:
	7.	Product removed to:
	8.	Waste removed to:
		(Ex. Daily cover, TDF, Landfillable shred, etc.)
D.	Cert	tification for Parts I and III:
	To t	he best of my knowledge and belief, I verify the information provided in this Quarterly
	Rep	ort is true, accurate and correct.
		John J. Wilson
	Nan	ne of Authorized Agent Signature of Authorized Agent Date
		Department of Environmental Protection aste Section/Tires

Part III - Quarterly Report:

2600 Blair Stone Road Tallahassee, FL 32399-2407

Department of **Environmental Protection**

Twin Tower Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

Waste Tire General Permit Notification/Quarterly Report

For Mobile Processing Equipment

Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

Type of Submittal: General Permit Notifi	cation <u>X</u> Quarterly Rep	port	
If submitting notification for use of a general	permit, fill our Parts I & I	I. If making a quarterly re	eport, fill out Parts I & III.
Part I General:			
A: Company name: Florida Tire 1. Phone 772/465-04 2. Street Address 9675 Rang 3. City Port St. Luc 4. Mailing Address Same 5 City 6. Contact Person: John J. Will	e Line Road cie State State	FL Zip 34987	
Part II Notification A. Status of Operation: Existi B. Submit information for mobile si	-	or cutting equipme	nt.
Equipment manufacturer:_			
 Equipment Model Number: Equipment serial number: Maximum input size: Equipment owner: Address City: 	4. M	lanufacturer's rated . Minimum input size	capacity
C. Describe how and where process			
D. Attach a check or money order renewal notifications. (Rule 62-4) E. Certification for Parts I & II. To the best of my knowledge and betrue, accurate, and correct.	for the \$100.00 gen 4, F.A.C.)	eral permit fee requ	ired for new or
John J. Wilson Name of Authorized Agent	Signature of A	Authorized Agent	Date

A.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:		
	1. (Quarter of this report Third Quarter, 2007		
	2	X No activity in this quarter.		
B.	Qua	arterly activity at landfills.		
List	t eac	th landfill where your equipment operated in the quarter covered by this report.		
	1.	Landfill name:		
	2.	Owner/Operator Telephone number:		
	3.	County:		
	4.	Quantity tires processed:		
		(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)		
	5.	Describe how processed tires were disposed of:		
		· · · · · · · · · · · · · · · · · · ·		
		(Ex. Daily cover, TDF, Landfillable shred, etc.)		
C.	Qua	arterly activity at other sites.		
List	eac	h site where your equipment operated in the quarter covered by this report.		
	1.	Site name:		
	2.	Owner/Operator Telephone number:		
	3.	Street Address		
	4.	City:StateZip		
	5.	Quantity tires processed:		
	6.	Describe how processed tires were disposed of:		
	7.	Product removed to:		
	8.	Waste removed to:		
		(Ex. Daily cover, TDF, Landfillable shred, etc.)		
D.	Cer	tification for Parts I and III:		
	To t	the best of my knowledge and belief, I verify the information provided in this Quarterly		
	Rep	port is true, accurate and correct.		
John J. Wilson				
	Nar	me of Authorized Agent Signature of Authorized Agent Date		
		Department of Environmental Protection		
		aste Section/Tires air Stone Road		

Part III - Quarterly Report:

Tallahassee, FL 32399-2407

Department of Environmental Protection Twin Tower Office Building

Twin Tower Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

Waste Tire General Permit Notification/Quarterly Report For Mobile Processing Equipment

For Mobile Processing Equipment

Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

Type of Submittal: ___ General Permit Notification _X_ Quarterly Report

If submitting notification for us	se of a general permit, fill our	Parts I & II	. If making	a quarterly report, fill	out Parts I & III.
Part I General:					
A: Company name:	Florida Tire Recycling	, Inc.			
1. Phone	772/465-0477				
2. Street Address	9675 Range Line Roa	d			
3. City	Port St. Lucie	State	FL	Zip 34987	
4. Mailing Address	Same				
5 City		State		Zip	
6. Contact Person:	John J. Wilson				
Part II Notification					
A. Status of Operation	: Existing Pr	oposed			
B. Submit information	for mobile shredding, c	hopping,	or cutting	g equipment.	
 Equipment ma 	nufacturer:				
Equipment Mo	del Number:				
Equipment ser	ial number:	4. M	anufactu	rer's rated capaci	ty
5. Maximum inpu	t size:	6.	Minimun	n input size:	
7. Equipment ow	ner:				
8. Address					
9. City:	State	e		Zip	
C. Describe how and w	here processed tires wi	II be used	d or dispo	sed of:	
D. Attach a check or m	noney order for the \$10	0.00 gen	eral perm	it fee required for	new or
renewal notification	s. (Rule 62-4, F.A.C.)				
E. Certification for Par	ts I & II.				
To the best of my know	ledge and belief, I certi	fy the info	rmation	provided in this n	otification is
true, accurate, and corr	ect.				
John J. Wilson					
Name of Authorized	d Agent Signa	ature of A	uthorized	d Agent I	Date

Par	t III -	- Quarterly Report:			
A.	A. Quarterly submissions for mobile shredding, chopping or cutting equipment:				
	1. 0	Quarter of this report Second Quarter, 2007			
	2	X No activity in this quarter.			
B.	Qua	arterly activity at landfills.			
List	eac	h landfill where your equipment operated in the quarter covered by this report.			
	1.	Landfill name:			
	2.	Owner/Operator Telephone number:			
	3.	County:			
	4.	Quantity tires processed:			
		(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)			
	5.	Describe how processed tires were disposed of:			
		(Ex. Daily cover, TDF, Landfillable shred, etc.)			
C.	Qua	arterly activity at other sites.			
List	eac	h site where your equipment operated in the quarter covered by this report.			
	1.	Site name:			
	2.	Owner/Operator Telephone number:			
	3.	Street Address			
	4.	City:StateZip			
	5.	Quantity tires processed:			
	6.	Describe how processed tires were disposed of:			
		Product removed to:			
	8.	Waste removed to:			
		(Ex. Daily cover, TDF, Landfillable shred, etc.)			
D.	Cert	tification for Parts I and III:			
	To t	he best of my knowledge and belief, I verify the information provided in this Quarterly			
	Rep	port is true, accurate and correct.			
		John J. Wilson 2/29/08			
	ıvar	ne of Authorized Agent Signature of Authorized Agent Date			
		Department of Environmental Protection aste Section/Tires			

2600 Blair Stone Road Tallahassee, FL 32399-2407

Department of

Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road Tallahassee, FL 32399-2400

Waste Tire General Permit Notification/Quarterly Report

For Mobile Processing Equipment

Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

Type of Submittal: General	al Permit Notification X C	uarterly Repo	ort		
If submitting notification for us	se of a general permit, fill ou	ır Parts I & II.	If making	a quarterly repo	rt, fill out Parts I & III.
Part I General:					
	Florida Tire Recycling 772/465-0477 9675 Range Line Roa				
3. City		State	FL	Zip 34987	
4. Mailing Address		.			
5 City 6. Contact Person:	John J. Wilson	State	***************************************	Zip	
Part II Notification					
A. Status of Operation	: Existing P	roposed			
B. Submit information	for mobile shredding,	chopping, c	or cutting	equipment.	
1. Equipment ma	nufacturer:				
2. Equipment Mo	del Number:				
Equipment ser	ial number:	4. Ma	nufactur	er's rated ca	pacity
5. Maximum inpu	t size:	6. N	/ linimum	input size: _	
7. Equipment ow	ner:				
8. Address					
9. City:	Stat	:e		Zip	
C. Describe how and w	here processed tires w	vill be used	or dispo	sed of:	
D. Attach a check or m renewal notification	noney order for the \$10 s. (Rule 62-4, F.A.C.)	00.00 gener	ral permi	it fee required	d for new or
E. Certification for Par	ts I & II.				
To the best of my know	ledge and belief, I cert	ify the infor	mation p	provided in the	nis notification is
true, accurate, and corr	ect.				
John J. Wilson Name of Authorize	d Agent Sigr	nature of Au	ıthorized	Agent	Date

A.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:
	1. 0	Quarter of this report First Quarter, 2007
	2	X No activity in this quarter.
B.	Qua	arterly activity at landfills.
List	eac	h landfill where your equipment operated in the quarter covered by this report.
	1.	Landfill name:
	2.	Owner/Operator Telephone number:
	3.	County:
	4.	Quantity tires processed:
		(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)
	5.	Describe how processed tires were disposed of:
		(Ex. Daily cover, TDF, Landfillable shred, etc.)
C.	Qua	arterly activity at other sites.
List	eac	h site where your equipment operated in the quarter covered by this report.
	1.	Site name:
	2.	Owner/Operator Telephone number:
	3.	Street Address
	4.	City : StateZip
	5.	Quantity tires processed:
	6.	Describe how processed tires were disposed of:
	7.	Product removed to:
	8.	Waste removed to:
		(Ex. Daily cover, TDF, Landfillable shred, etc.)
D.	Cer	tification for Parts I and III:
	To t	he best of my knowledge and belief, I verify the information provided in this Quarterly
	Rep	port is true, accurate and correct.
	,	John J. Wilson
	Nar	ne of Authorized Agent Signature of Authorized Agent Date
Flo	rida I	Department of Environmental Protection
		aste Section/Tires

Part III – Quarterly Report:

2600 Blair Stone Road Tallahassee, FL 32399-2407