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_ Quarterly Report						
If submitting notification for use 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 Road						
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 Proposed						
B. Submit information for mobile shredding, chopping, or cutting equipment.						
Equipment manufacturer:						
2. Equipment Model Number:						
Equipment serial number:4. Manufacturer's rated capacity						
5. Maximum input size:6. Minimum input size:						
7. Equipment owner:						
8. Address						
9. City: State Zip						
C. Describe how and where processed tires will be used or disposed of:						
 D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 62-4, F.A.C.) E. Certification for Parts I & II. To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct. 						
John J. Wilson Name of Authorized Agent Signature of Authorized Agent Date						

A.	. Quarterly submissions for mobile shredding, chopping or cutting equipment:						
	1. (Quarter of this report First Quarter, 2006					
	2. X No activity in this quarter.						
B.	B. Quarterly activity at landfills.						
Lis	List each landfill where your equipment operated in the quarter covered by this report.						
	1.	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.					
Lis	t 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.						
	5.	Quantity tires processed:					
	6.	Describe how processed tires were disposed of:					
	7.	Product removed to:					
		Waste removed to:					
		(Ex. Daily cover, TDF, Landfillable shred, etc.)					
D. Certification for Parts I and III:							
To the best of my knowledge and belief, I verify the information provided in this Quarterly							
Report is true, accurate and correct.							
$\sim \Omega_{\star}$							
		John J. Wilson John J. Wilson 2/21/01					
	Na	me of Authorized Agent Signature of Authorized Agent Date					
	Florida Department of Environmental Protection						
Solid Waste Section/Tires 2600 Blair Stone Road							
	Tallahassee, FL 32399-2407						

Part III – Quarterly Report:

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_ Quarterly Report					
If submitting notification for use 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 Road					
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 Proposed					
B. Submit information for mobile shredding, chopping, or cutting equipment.					
Equipment manufacturer:					
2. Equipment Model Number:					
3. Equipment serial number:4. Manufacturer's rated capacity					
5. Maximum input size:6. Minimum input size:					
7. Equipment owner:					
8. Address					
9. City: State Zip					
C. Describe how and where processed tires will be used or disposed of:					
D. Attach a check or money order for the \$100.00 general permit fee required for new or					
renewal notifications. (Rule 62-4, F.A.C.)					
E. Certification for Parts I & II.					
To the best of my knowledge and belief, I certify the information provided in this notification is					
true, accurate, and correct.					
John J. Wilson Name of Authorized Agent Signature of Authorized Agent Date					

A.	Quarterly submissions for mobile shredding, chopping or cutting equipment:									
1.		Quarter of this report Second Quarter, 2006								
	2	X No activity in this quarter.								
В.	Qua	arterly activity at landfills.								
List	t 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	t 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 : 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.	Certification for Parts I and III:									
To the best of my knowledge and belief, I verify the information provided in this Quarterly Report is true, accurate and correct.										
					John J. Wilson Name of Authorized Agent Signature of Authorized Agent Date					

Florida Department of Environmental Protection Solid Waste Section/Tires 2600 Blair Stone Road Tallahassee, FL 32399-2407

Part III - Quarterly Report:

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

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 use 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 9675 Range Line Road					
2. Street Address						
3. City	Port St. Lucie State FL Zip 34987					
4. Mailing Address	Same					
5 City	State Zip					
6. Contact Person:						
Part II Notification						
A. Status of Operation	Existing Proposed					
B. Submit information	for mobile shredding, chopping, or cutting equipment.					
 Equipment ma 	nufacturer:					
2. Equipment Mo	del Number:					
Equipment ser	ial number:4. Manufacturer's rated capacity					
5. Maximum inpu	t size:6. Minimum input size:					
7. Equipment own	ner:					
9. City:	State Zip					
C. Describe how and where processed tires will be used or disposed of:						
D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 62-4, F.A.C.)						
E. Certification for Parts I & II.						
To the best of my knowledge and belief, I certify the information provided in this notification is						
true, accurate, and correct.						
John J. Wilson						
Name of Authorized	d Agent Signature of Authorized Agent Date					

۹.	Quarterly submissions for mobile shredding, chopping or cutting equipment:						
	1. 0	Quarter of this report Third Quarter, 2006					
2. X No activity in this quarter.							
3.	Quarterly activity at landfills.						
List	ist each 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 : State Zip					
	5.	Quantity tires processed:					
	6.	Describe how processed tires were disposed of:					
	7.	Product removed to:					
		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					
	Report is true, accurate and correct.						
	John J. Wilson Name of Authorized Agent Signature of Authorized Agent Date						

Florida Department of Environmental Protection Solid Waste Section/Tires 2600 Blair Stone Road Tallahassee, FL 32399-2407

Part III – Quarterly Report:

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

mobile sirredding, chopping,	or causing equipment shall sub-	int the following into	magon on and form to the Department.		
Type of Submittal: Gener	ral Permit Notification X Qua	rterly Report			
If submitting notification for us	se of a general permit, fill our f	arts I & II. If making	a quarterly report, fill out Parts I & III.		
Part I General:					
A: Company name:	Florida Tire Recycling, Inc. 772/465-0477 9675 Range Line Road				
1. Phone					
2. Street Address					
3. City	Port St. Lucie	State FL	Zip 34987		
4. Mailing Address	s Same				
5 City		State	Zip		
6. Contact Person	: John J. Wilson				
Part II Notification					
A. Status of Operation	n: Existing Pro	posed			
B. Submit information	for mobile shredding, ch	opping, or cutting	g equipment.		
Equipment manufacturer: Equipment Model Number:					
5. Maximum inpu	t size: 6. Minimum input size:				
7. Equipment ow	/ner:				
8. Address					
9. City:	State		Zip		
•			osed of:		
D. Attach a check or n	money order for the \$100	.00 general pern	nit fee required for new or		
renewal notification	ns. (Rule 62-4, F.A.C.)				
E. Certification for Par	rts I & II.		•		
To the best of my know	vledge and belief, I certify	the information	provided in this notification is		
true, accurate, and corr	-		•		
. ,					
John J. Wilson) 				
Name of Authorize	ed Agent Signa	ture of Authorize	d Agent Date		

Part III - Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment: 1. Quarter of this report Fourth Quarter, 2006 2._X No activity in this quarter. B. Quarterly activity at landfills. କ୍ରାପ Weste Section List each landfill where your equipment operated in the quarter covered by this report. 2. Owner/Operator Telephone number: ______ 3. County: _____ 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. Quarterly activity at other sites. List each site where your equipment operated in the quarter covered by this report. 1. Site name: ___ 2. Owner/Operator Telephone number: 3. Street Address _____ State Zip 5. Quantity tires processed: Describe how processed tires were disposed of: 7. Product removed to: 8. Waste removed to: (Ex. Daily cover, TDF, Landfillable shred, etc.) D. Certification for Parts I and III: To the best of my knowledge and belief, I verify the information provided in this Quarterly Report is true, accurate and correct.

mar 08 2007

Florida Department of Environmental Protection Solid Waste Section/Tires 2600 Blair Stone Road Tallahassee, FL 32399-2407

John J. Wilson Name of Authorized Agent