

9675 Range Line Road Port Saint Lucie, FL 34987 Ph (772) 465-0477 Fx (772) 489-2124 Email: mquilty@ftri.net

March 22, 2006

Sandi Maddi Solid Waste Section Florida Department of Environmental Protection Twin Towers Office Building 2600 Blair Stone Road, MS 4565 Tallahassee, FL 32399-2400

Dear Sandi,

Further to your letter of March 13 and our subsequent telephone conversation I have enclosed the mobile processing equipment quarterly reports for 2005 which were missing from our original submission. I had Mr. Wilson resign the reports as you requested.

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

Sincerely,

Marcus Quilty, MIATI Chief Financial Officer



### 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 34987 Zip 34987 4. Mailing Address Same 5 City State Zip 6. Contact Person: John J. Wilson Part II Notification A. Status of Operation: <u>x</u> Existing \_\_\_\_ Proposed B. Submit information for mobile shredding, chopping, or cutting equipment. 1. Equipment manufacturer: \_\_ 2. Equipment Model Number: 3. Equipment serial number: \_\_\_\_\_\_4. Manufacturer's rated capacity \_\_\_\_\_ Maximum input size: \_\_\_\_\_\_ 6. Minimum input size: \_\_\_\_\_ 7. Equipment owner: 8. Address \_\_\_\_\_ 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

Signature of Authorized Agent

Date

Name of Authorized Agent

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:	
1. Quarter of this report First Quarter, 2005	
2X No activity in this quarter.	
B. Quarterly activity at landfills.	
List each landfill where your equipment operated in the quarter covered by this report.	
Landfill name:	
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.)	
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:	
Owner/Operator Telephone number:	
3. Street Address	
4. City 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.	
$\sim 1.1/B_{\odot}$	
John J. Wilson 2/24/08	>
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 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 34987 Zip 34987 4. Mailing Address Same 5 City State Zip 6. Contact Person: John J. Wilson Part II Notification A. Status of Operation: <u>x</u> Existing \_\_\_\_ Proposed B. Submit information for mobile shredding, chopping, or cutting equipment. Equipment manufacturer: 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 \_\_ State \_\_\_\_ Zip \_\_\_\_\_ 9. Citv: 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.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:			
	1. (	Quarter of this report Second Quarter, 2005			
	2	X No activity in this quarter.			
B.	Qua	arterly activity at landfills.			
Lis	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.	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.	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.	Cer	tification for Parts I and III:			
	To	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 2 24 06			
	Na	me of Authorized Agent Signature of Authorized Agent Date			
		X F/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		Department of Environmental Protection			
	olid W	Department of Environmental Protection  //aste Section/Tires  lair Stone Road			

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

	la Administrative Code, the owners or operators of a qualifying waste tire nent shall submit the following information on this form to the Department.
Type of Submittal: General Permit Notific	ation <u>x</u> Quarterly Report
If submitting notification for use of a general p	ermit, 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) 465-0	<del>1</del> 77
2. Street Address 9675 Range	Line Road
3. City Port St. Luc	e State 34987 Zip 34987
4. Mailing Address Same	
5 City	State Zip
6. Contact Person: John J. Wils	on
<ol> <li>Equipment manufacturer:</li></ol>	g Proposed redding, chopping, or cutting equipment.  4. Manufacturer's rated capacity  6. Minimum input size:  State Zip ed tires will be used or disposed of:
renewal notifications. (Rule 62-4 E. Certification for Parts I & II.	or the \$100.00 general permit fee required for new or , F.A.C.)  lief, I certify the information provided in this notification is
John J. Wilson Name of Authorized Agent	Signature of Authorized Agent Date

Par	t III -	- Quarterly Report:			
A.	Qua	Quarterly submissions for mobile shredding, chopping or cutting equipment:			
	1. (	Quarter of this report Third Quarter, 2005			
	2	X No activity in this quarter.			
B.	Qua	arterly activity at landfills.			
List	eacl	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	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 224 06			
	Nar	me of Authorized Agent Signature of Authorized Agent Date			

Florida Department of Environmental Protecti Solid Waste Section/Tires 2600 Blair Stone Road 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

mobile shredding, chopping,					form to the Department.
Type of Submittal: Gene	ral Permit Notification	_x_Quarterly Re	port		
If submitting notification for u	se of a general permit,	fill our Parts I & I	I. If making	a quarterly rep	oort, fill out Parts I & III.
Part I General:					
A: Company name:	Florida Tire Recy	cling, Inc.			
1. Phone	(772) 465-0477				
2. Street Address	9675 Range Line	Road			
3. City	Port St. Lucie	State	34987	Zip 34987	,
4. Mailing Address	Same				•
5 City		State		Zip	
6. Contact Person					
Part II Notification	•				
A. Status of Operation	n: <u>x</u> Existing	Proposed			
B. Submit information	for mobile shredd	ing, chopping,	or cutting	g equipment	t.
<ol> <li>Equipment ma</li> </ol>	anufacturer:				
2. Equipment Mo	odel Number:				
					capacity
5. Maximum inpu	ut size:	6	. Minimur	n input size:	
	/ner:				
9. City:		State		Zip	
C. Describe how and w					
	·		•		
D. Attach a check or r	noney order for the	e \$100.00 ger	neral pern	nit fee requir	red for new or
renewal notification	ns. (Rule 62-4, F.A	ı.C.)	,	·	
E. Certification for Pa	•	•			
To the best of my know	vledge and belief, I	certify the inf	ormation	provided in	this notification is
true, accurate, and cor	•	,			
12, 200					
John J. Wilson Name of Authorize		Signature of	Authorize	d Agent	Date

A.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:		
	1. (	Quarter of this report Fourth Quarter, 2005		
	2	X No activity in this quarter.		
В.	B. Quarterly activity at landfills.			
Lis	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.		
Lis	t eac	ch site where your equipment operated in the quarter covered by this report.		
	1.			
	2.			
	3.			
	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.	Cer	tification for Parts I and III:		
	To	the best of my knowledge and belief, I verify the information provided in this Quarterly		
		port is true, accurate and correct.		
	Rep	John J. Wilson		
	Rep	port is true, accurate and correct.		
	Rej Na orida	John J. Wilson me of Authorized Agent  Department of Environmental Protection  Signature of Authorized Agent  Date		
Sc	Rep Na orida olid W	John J. Wilson me of Authorized Agent  Signature of Authorized Agent  Date		

Part III – Quarterly Report: