

MAR 24 2006



# Florida Tire Recycling, Inc.

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

A handwritten signature in black ink, appearing to read "M. Quilty", with a long horizontal line extending to the right.

Marcus Quilty, MIATI  
Chief Financial Officer

MAR 24 2006

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 out 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:   x   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 \_\_\_\_\_

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

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report First Quarter, 2005
2.  No activity in this quarter.

B. Quarterly activity at landfills.

List 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. 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 \_\_\_\_\_
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

2/24/06  
Date

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

MAR 24 2006

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

Waste Tire General Permit Notification/Quarterly Report  
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Type of Submittal: \_\_\_ General Permit Notification  x  Quarterly Report

If submitting notification for use of a general permit, fill out 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:  x  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 \_\_\_\_\_

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

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

- 1. Quarter of this report                      Second Quarter, 2005
- 2.  No activity in this quarter.

B. Quarterly activity at landfills.

List 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. 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 \_\_\_\_\_
- 4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 5. Quantity tires processed: \_\_\_\_\_
- 6. Describe how processed tires were disposed of: \_\_\_\_\_
- 7. Product removed to: \_\_\_\_\_
- 8. Waste removed to: \_\_\_\_\_

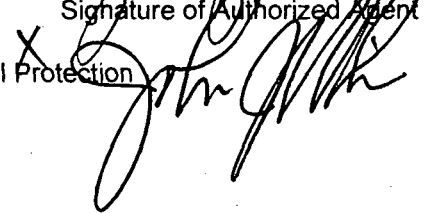
\_\_\_\_\_  
(Ex. Daily cover, TDF, Landfillable shred, etc.)

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

X   
\_\_\_\_\_  
Signature of Authorized Agent

2/24/06  
\_\_\_\_\_  
Date

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

MAR 24 2006

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.

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If submitting notification for use of a general permit, fill out 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: \_\_\_x 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 \_\_\_\_\_
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 2/24/06

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report Third Quarter, 2005
2.  No activity in this quarter.

B. Quarterly activity at landfills.

List 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. 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 \_\_\_\_\_
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

2/24/06  
Date

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

MAR 24 2006

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

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For Mobile Processing Equipment

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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:   x   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 \_\_\_\_\_
  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



Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report                      Fourth Quarter, 2005
2.  No activity in this quarter.

B. Quarterly activity at landfills.

List 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. Quarterly activity at other sites.

List each site where your equipment operated in the quarter covered by this report.

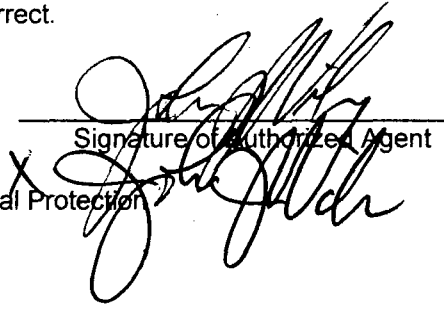
1. Site name: \_\_\_\_\_
2. Owner/Operator Telephone number: \_\_\_\_\_
3. Street Address \_\_\_\_\_
4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Quantity tires processed: \_\_\_\_\_
6. Describe how processed tires were disposed of: \_\_\_\_\_
7. Product removed to: \_\_\_\_\_
8. Waste removed 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

2/24/06.  
\_\_\_\_\_  
Date

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