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

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: Gene	ral Permit Notification X	Quarterly Report		
If submitting notification for u	se of a general permit, fill	our Parts I & II. If ma	aking a quarterly repor	rt, fill out Parts I & III.
Part I General:				
A: Company name:	Florida Tire Recycli	ng, Inc.		
1. Phone	(772) 465-0477			
2. Street Address	9675 Range Line R	oad		RECEIVED
3. City	Port St. Lucie	State 349	87 Zip 34987	MAD () 0 2005
4. Mailing Address	Same			MAR 0 2 2005
5 City		State	Zip	Solid Waste Section
6. Contact Person	: John J. Wilson			
Part II Notification				
A. Status of Operation		·		
B. Submit information	-			
	anufacturer:			
	odel Number:			
	rial number:			
	5. Maximum input size:6. Minimum input size:			
7. Equipment ow	/ner:			
	·			
	St			
C. Describe how and w	here processed tires	will be used or d	lisposed of:	
D. Attach a check or n	money order for the \$		permit fee required	d for new or
E. Certification for Par	rts I & II.			
To the best of my know	rledge and belief, I ce	ertify the informat	ion provided in th	is notification is
true, accurate, and corr	rect.			
John J. Wilson Name of Authorize		gnarure of Ayrino	rized Agent	2/28/05 Date

Par	Part III Quarterly Report:			
A.	Quarterly submissions for mobile shredding, chopping or cutting equipment:			
	1. 0	Quarter of this report First Quarter, 2004		
	2	X No activity in this quarter.		
B.	Qua	rterly 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.	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	rterly activity at other sites.		
List	eacl	h site where your equipment operated in the quarter covered by this report.		
	1.			
	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.	Cert	ification 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.		
- :	Nan	John J. Wilson ne of Authorized Agent Signature of Authorized Agent Date		
Flo	rida [Department of Environmental Protection		

Solid Waste 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 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: Florida Tire Recycling, Inc. A: Company name: 1. Phone (772) 465-0477 2. Street Address 9675 Range Line Road RECEIVED State 34987 Zip 34987 3. City Port St. Lucie MAR 0 2 2005 4. Mailing Address Same State ____ Zip ___ 5 City Solid Waste Section 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

E. Certification for Parts I & II.

renewal notifications. (Rule 62-4, F.A.C.)

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

Par	t III -	- Quarterly Report:			
A.	Qua	Quarterly submissions for mobile shredding, chopping or cutting equipment:			
	1. (. Quarter of this report Second Quarter, 2004			
	2	X No activity in this quarter.			
B.	Qua	arterly activity at landfills.			
List	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.	Qua	arterly 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.	Cert	tification for Parts I and III:			
	To t	he best of my knowledge and belief, I verify the information provided in this Quarterly			
	Report is true, accurate and correct.				
		\bigcirc			

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

John J. Wilson Name of Authorized Agent

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 State 34987 Zip 34987 Port St. Lucie 3. City RECEIVED 4. Mailing Address Same MAR 0 2 2005 5 City State ____ Zip ____ 6. Contact Person: John J. Wilson Solid Waste Section Part II Notification A. Status of Operation: ___ Existing ___ Proposed B. Submit information for mobile shredding, chopping, or cutting equipment. 1. 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 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

true, accurate, and correct.

E. Certification for Parts I & II.

renewal notifications. (Rule 62-4, F.A.C.)

John J. Wilson Name of Authorized Agent

Signature of Authorized Agent

To the best of my knowledge and belief, I certify the information provided in this notification is

Pai	rt III -	- Quarterly Report:		
A.	A. Quarterly submissions for mobile shredding, chopping or cutting equipment:			
	1. (Quarter of this report Third Quarter, 2004		
	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 .	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 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 2/28/83		
	Nar	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

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 shiredding, chopping,	or cutting equipment shall suc	THE TOHOWING	illioithauon on this	ionii to the Department.
Type of Submittal: Gener	ral Permit Notification X Qua	arterly Report		
If submitting notification for us	se of a general permit, fill our	Parts I & II. If ma	aking a quarterly rep	oort, 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	t		
3. City	Port St. Lucie	State 349	87 Zip 34987	
4. Mailing Address	Same			RECEIVED
5 City		State	Zip	_
6. Contact Person:	: John J. Wilson	,		MAR 0 2 2005
				Solid Waste Section
Part II Notification				
A. Status of Operation	n: Existing Pro	pposed		
B. Submit information	for mobile shredding, cl	hopping, or cu	itting equipmen	t.
1. Equipment ma	nufacturer:			
	odel Number:			
	rial number:			
	ıt size:			
	ner:			
	State			
C. Describe how and w				
	,			
D. Attach a check or n	nonev order for the \$100	0.00 general p	ermit fee requir	red for new or
	s. (Rule 62-4, F.A.C.)	, , , , , , , , , , , , , , , , , , ,	•	
E. Certification for Par	,			
	ledge and belief, I certif	v the informat	ion provided in	this notification is
true, accurate, and corr		y alo illiorilla.		and roundaring
ude, accurate, and con	GOL.		11//	, ,
John J. Wilson		LOW		whole
Name of Authorize	d Agent Signa	iture of Attho	rized Agent	Dayle
	7	/ //		/ /

A.	Quarterly submissions for mobile shredding, chopping or cutting equipment:				
	1. 0	Quarter of this report Fourth Quarter, 2004			
	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:			
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List	List each site where your equipment operated in the quarter covered by this report.				
	1.	Site name:			
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	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 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:



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

February 28, 2005

Jessie Carpenter Florida Department of Environmental Protection Twin Towers Office Building 2600 Blair Stone Road, MS 4565 Tallahassee, FL 32399-2400 RECEIVED

MAR 0 2 2005

Solid Waste Section

Dear Jessie,

Enclosed please find the following reports,

- 1. Waste Tire Collector Registration Application for 2005 together with a check in the sum of \$665.
- 2. Waste Tire Collector Annual Report including a quarterly breakdown of materials handled.
- 3. Waste Tire General Permit Notification for mobile processing equipment together with a check in the sum of \$100.
- 4. Waste Tire Quarterly reports for mobile processing equipment for 2004.

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

Sincerely,

Marcus Quilty, MIATI Chief Financial Officer