



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

April 1, 2005

Florida Tire Recycling Inc.
9675 Range Line Road
Port St. Lucie, Florida 34987

General Permit: 0140703-007-WT
Expiration Date: 03/31/05
Location: Port St. Lucie

Subject: Waste Tire General Permit Notification
Date Received: March 2, 2005

The Department acknowledges receipt of your notification of intent to operate Mobile Waste Tire Processing Equipment under General Permit No. 0140703-007-WT. This letter authorizes the operation of the Mobile Equipment described in your application. The equipment shall be operated in accordance with the provisions of the Florida Administrative Code Rule 62-711.801.

The General Permit is subject to the general conditions of the Florida Administrative Code Rules 62-4.510 through 62-4.540 and the following specific conditions:

- 1) The mobile equipment shall operate at any one site for less than 120 days or shall obtain a Waste Tire Processing Facility Permit.
- 2) All processed tires and residuals shall be removed from the site within 30 days after the completion of operations.
- 3) The owner or operator of the mobile equipment shall report to the Department each January, April, July, and October describing each site at which the equipment was operated during the preceding three months. DEP form 62-701.900(19) shall be used for such reports.
- 4) Authorization to operate mobile equipment under a General Permit is suspended when the requirements of that General Permit are not fulfilled.
- 5) A General Permit for Mobile Equipment is a one year permit.

If you need further information, please call Sandra Maddi of the Solid Waste Section, telephone (850) 245-8756.

Sincerely,

Sandra Maddi
Solid Waste Section

SMM/smm
Enclosure

"More Protection, Less Process"

Printed on recycled paper.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9370 0261 8342

--	--

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark
Here

Recipient's Name Florida Tire Recycling, Inc.
Street, Apt. No., or PO 9675 Range Line Road
City, State, ZIP+ 4 Port St. Lucie, FL 34987

PS Form 3800, February 2000 See Reverse for Instructions

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

RECEIVED

APR 08 2005

FDEP - ATTN: JESSIE CARPENTER
 TIRE SECTION/TWYN TOWERS
 2300 BLAIR STONE ROAD MS4565
 TALLAHASSEE, FLORIDA 32399-2400

Solid Waste Section



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<table border="1"><tr><td>A. Received by (Please Print Clearly) <i>MARVIN QUILTY</i></td><td>B. Date of Delivery <i>4/6/05</i></td></tr><tr><td colspan="2">C. Signature <i>X [Signature]</i></td></tr><tr><td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td></tr><tr><td colspan="2"><table border="0"><tr><td><input type="checkbox"/> Agent</td><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> Addressee</td><td><input type="checkbox"/> No</td></tr></table></td></tr></table>		A. Received by (Please Print Clearly) <i>MARVIN QUILTY</i>	B. Date of Delivery <i>4/6/05</i>	C. Signature <i>X [Signature]</i>		D. Is delivery address different from item 1? If YES, enter delivery address below:		<table border="0"><tr><td><input type="checkbox"/> Agent</td><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> Addressee</td><td><input type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> Addressee	<input type="checkbox"/> No
A. Received by (Please Print Clearly) <i>MARVIN QUILTY</i>	B. Date of Delivery <i>4/6/05</i>														
C. Signature <i>X [Signature]</i>															
D. Is delivery address different from item 1? If YES, enter delivery address below:															
<table border="0"><tr><td><input type="checkbox"/> Agent</td><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> Addressee</td><td><input type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> Addressee	<input type="checkbox"/> No										
<input type="checkbox"/> Agent	<input type="checkbox"/> Yes														
<input type="checkbox"/> Addressee	<input type="checkbox"/> No														
1. Article Addressed to: Florida Tire Recycling, Inc. 9675 Range Line Road Port St. Lucie, FL 34987		<table border="1"><tr><td colspan="2">3. Service Type</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail</td><td><input type="checkbox"/> Express Mail</td></tr><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td><input type="checkbox"/> C.O.D.</td></tr><tr><td colspan="2">4. Restricted Delivery? (Extra Fee)</td></tr><tr><td colspan="2"><input type="checkbox"/> Yes</td></tr></table>		3. Service Type		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
3. Service Type															
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail														
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.														
4. Restricted Delivery? (Extra Fee)															
<input type="checkbox"/> Yes															
2. Article Number (Copy from service label) <i>7000 0520 0020 9370 8342</i>															