



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

March 23, 2004

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

RECEIVED

MAR 26 2004

Solid Waste Section

Dear Jessie,

Enclosed please find the Waste Tire General Permit Notification with original signature as you requested.

Thanks again for your help.

Marcus Quilty CFO
Florida Tire Recycling Inc.



Department of Environmental Protection

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

DEP Form # 62-701.900(19)
Waste Tire General
Form Title <u>Permit Application</u>
Effective Date <u>03/22/2000</u>
DEP Application No. _____ (Filled in by DEP)

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 of Environmental Protection.

RECEIVED

Type of submittal: General Permit notification Quarterly report

MAR 26 2004

If submitting notification for use of a general permit, fill out Parts I & II. If making a quarterly report fill out Parts I

Solid Waste Section

Part I - 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 of collector: - SAME -

5. City: _____ State: _____ Zip: _____

6. Contact person: JACK WILSON 7. Phone: (772) 465 0477

8. Federal Employer Identification number (FEID) of Collector: 59-2801031

Part II Notification

A. Status of operation: Existing Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment

1. Equipment manufacturer: COLUMBUS MCKINNON

2. Equipment model number: MOBILE TIRE SHREDDER

3. Equipment serial number: _____ State: _____ Zip: _____

4. Mailing address of collector: - AS ABOVE -

5. City: _____ State: _____ Zip: _____

6. Contact person: JACK WILSON 7. Phone: (772) 465 0477

8. Address: _____

9. City: _____ State: _____ Zip: _____

C. Describe how and where processed tires will be used or disposed of: PERMITTED WASTE TIRE FACILITIES

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 and II:

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

MARCUS QUILTY CFO
Print Name of Authorized Agent

[Signature]
Signature of Authorized Agent

3/22/04
Date